

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1301 Concord Terrace
 Check if different than previously reported. (ACC)
Sunrise FL 33323

2. **FEC IDENTIFICATION NUMBER** C00469205
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2011 through 02 28 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Witte

Signature of Treasurer Electronically Filed by Karen Witte Date 04 15 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		310164.17
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	301492.49									
(c) Total Receipts (from Line 19)	152555.94	226070.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	454048.43	536234.46								
7. Total Disbursements (from Line 31)	14318.14	96504.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	439730.29	439730.29								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	149610.01	222940.22
(ii) Unitemized	160.00	310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	149770.01	223250.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	149770.01	223250.22
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	285.93	320.07
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	152555.94	226070.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	152555.94	226070.29

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1818.14	3004.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1818.14	3004.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	12500.00	93500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14318.14	96504.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14318.14	96504.17

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	149770.01	223250.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	149770.01	223250.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1818.14	3004.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	285.93	320.07
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1532.21	2684.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Amy Aaron

Mailing Address 620 Bluff Springs Rd

City State Zip Code
Fort Worth TX 76108

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Neonatal Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7340

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Amy Aaron

Mailing Address 620 Bluff Springs Rd

City State Zip Code
Fort Worth TX 76108

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Neonatal Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7341

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Francis Abdou

Mailing Address 3828 White Chapel Way

City State Zip Code
Raleigh NC 27615

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of NC
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7342

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lori Abolafia		Date of Receipt
	Mailing Address 1860 NW 108th Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Plantation	FL	33322
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7343
Name of Employer MEDNAX, Inc.		Occupation Physician Relations Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 40.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Amy Adelberg		Date of Receipt
	Mailing Address 131 Summit Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Englewood	CO	80113
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7346
Name of Employer Obstetrix Medical Group of CO		Occupation Perinatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Sikander Adeni		Date of Receipt
	Mailing Address 4321 Rio Robles Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Austin	TX	78746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7347
Name of Employer Pediatrix Medical Services		Occupation Neonatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 100.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 620.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert S. Alphin
Mailing Address 4028 John S. Raboteau West
City Raleigh State NC Zip Code 27612
FEC ID number of contributing federal political committee. **C**
Name of Employer American Anesthesiology of NC Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00
Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.7348
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Cesar L. Alvarez
Mailing Address 1221 Brickell Avenue
City Miami State FL Zip Code 33131
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDNAX, Inc. Occupation Chairman, MEDNAX, Inc. Board of Dir.
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 08 / 2011
Transaction ID: SA11AI.7349
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Thomas M. Anderson
Mailing Address 6226 S. Fairfax Court
City Centennial State CO Zip Code 80121
FEC ID number of contributing federal political committee. **C**
Name of Employer Obstetrix Medical Group of CO Occupation Medical Director, PICU
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 20.00
Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.7352
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 5120.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dominic Andreano		Date of Receipt
	Mailing Address 1720 SW 131st Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 15 / 2011
	City	State	Zip Code
	Davie	FL	33325
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7353
Name of Employer MEDNAX Services, Inc.		Occupation VP, Deputy General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 572.01	190.67

B.	Full Name (Last, First, Middle Initial) Dominic Andreano		Date of Receipt
	Mailing Address 1720 SW 131st Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 28 / 2011
	City	State	Zip Code
	Davie	FL	33325
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7354
Name of Employer MEDNAX Services, Inc.		Occupation VP, Deputy General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 762.68	190.67

C.	Full Name (Last, First, Middle Initial) Zenaída Aranda		Date of Receipt
	Mailing Address 249 Glendenny Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 28 / 2011
	City	State	Zip Code
	Jersey City	NJ	07304
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7526
Name of Employer Pediatrix Medical Group of NY		Occupation Neonatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 30.00	30.00

SUBTOTAL of Receipts This Page (optional)	411.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jennifer Arriza		Date of Receipt
	Mailing Address 2087 SW 176 Terrace		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Ft. Lauderdale	FL	33029
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7355
Name of Employer MEDNAX Services, Inc.		Occupation Director of Applications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 75.00	

B.	Full Name (Last, First, Middle Initial) Jennifer Arriza		Date of Receipt
	Mailing Address 2087 SW 176 Terrace		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Ft. Lauderdale	FL	33029
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7356
Name of Employer MEDNAX Services, Inc.		Occupation Director of Applications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 100.00	

C.	Full Name (Last, First, Middle Initial) Ehran Atasoy		Date of Receipt
	Mailing Address 4756 Sharpstone Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Raleigh	NC	27615
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7357
Name of Employer American Anesthesiology of NC		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 100.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Gary Atkins

Mailing Address 5102 N. Willowhaven Drive

City State Zip Code
Durham NC 27712

FEC ID number of contributing federal political committee. **C**

Name of Employer
Critical Health Systems, Inc.

Occupation
Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7527

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David Auerbach

Mailing Address 355 Primavera Cove

City State Zip Code
Altamonte Spring FL 32714

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group of FL

Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7358

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Ronald Bank

Mailing Address 1642 White Pine Dr.

City State Zip Code
Vienna VA 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology of VA

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7359

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **5275.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 102
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) James Banks		Date of Receipt MM / DD / YYYY 02 / 04 / 2011
Mailing Address 6957 Wish Avenue		Transaction ID: SA11AI.7360
City Van Nuys	State CA	Zip Code 91406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Pediatrix Medical Group of CA	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

B.

Full Name (Last, First, Middle Initial) Felipe Banzon		Date of Receipt MM / DD / YYYY 02 / 07 / 2011
Mailing Address 2420 Apple Ridge Circle		Transaction ID: SA11AI.7361
City Manasquorn	State NJ	Zip Code 08736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Pediatrix Medical Group, PA	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Andrew Barton		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address 813 Wood Core Road		Transaction ID: SA11AI.7362
City Wilmington	State NC	Zip Code 28409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

SUBTOTAL of Receipts This Page (optional)	▶	2625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Andrew Barton

Mailing Address 813 Wood Core Road

City State Zip Code
Wilmington NC 28409

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of NC
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.7363

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Isabel Basaldu- Prado

Mailing Address 9418 Highlands Cove

City State Zip Code
Boerne TX 78006

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services Inc
Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.7366

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Adel W. Bassali

Mailing Address 6427 Lake Meadow Drive

City State Zip Code
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of VA
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.7528

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **5275.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Michael Battista	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 11 Orsinger Hill	Transaction ID: SA11AI.7367
	City State Zip Code San Antonio TX 78230	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Services Inc	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Michael Battista	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 11 Orsinger Hill	Transaction ID: SA11AI.7368
	City State Zip Code San Antonio TX 78230	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Services Inc	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Marc Belacastro	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 486 W David Rd.	Transaction ID: SA11AI.7369
	City State Zip Code Dayton OH 45429	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group of OH	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 102
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Rosaire Josseline Belizaire

Mailing Address 117 Clipper Cove

City State Zip Code
Lafayette LA 70508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of LA Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7370

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Valerie J. Bell

Mailing Address 2973 Cheroakwood Ln

City State Zip Code
Rockford IL 61114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of IL Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7371

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Bill Benton

Mailing Address 14001 Belle Pointe Dr.

City State Zip Code
Little Rock AR 72212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of AR Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7372

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2225.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Wichest Boonyapredeee

Mailing Address 1056 Royal Dublin Lane

City State Zip Code
Dyer IN 46311

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of IN
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 02 / 07 / 2011
Transaction ID: SA11AI.7375
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
A. Vincent Brawley

Mailing Address 619 Brae Burn Dr.

City State Zip Code
Martinez GA 30907

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of GA
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7376
 Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
David R. Breed

Mailing Address 1310 S. College Street

City State Zip Code
Georgetown TX 78626

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services Inc
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.7381
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
David R. Breed

Mailing Address 1310 S. College Street

City State Zip Code
Georgetown TX 78626

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services Inc
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7380
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Howard Brenker

Mailing Address 6566 NW 99th Lane

City State Zip Code
Parkland FL 33076

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of FL
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7382
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Abraham Bressler

Mailing Address 5162 North Via De La Lanza

City State Zip Code
Tucson AZ 85750

FEC ID number of contributing federal political committee. **C**

Name of Employer: Obstetrix Med Group of Phoenix
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt: 02 / 04 / 2011
Transaction ID: SA11AI.7383
 Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Britig V. Brock

Mailing Address 109 NE 62nd St.

City State Zip Code
Seattle WA 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer
Obstetrix Medical Group of WA Occupation
Perinatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.7384

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
David Brouhard

Mailing Address 1905 S. Moorings Drive

City State Zip Code
Wilmington NC 28405

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology of NC Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.7385

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
David Brouhard

Mailing Address 1905 S. Moorings Drive

City State Zip Code
Wilmington NC 28405

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology of NC Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.7386

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert Bryant

Mailing Address 12717 W. Sunrise Blvd.

City State Zip Code
Sunrise FL 33323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. SVP and CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7387

Amount of Each Receipt this Period
416.66

B. Full Name (Last, First, Middle Initial)
Steven Burres

Mailing Address 10363 Stonebridge Blvd.

City State Zip Code
Boca Raton FL 33498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Staff Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 105.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7388

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
Steven Burres

Mailing Address 10363 Stonebridge Blvd.

City State Zip Code
Boca Raton FL 33498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Staff Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 140.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7389

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶ **486.66**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Andrew S. Campbell

Mailing Address 423 S. Westridge Circle

City State Zip Code
Anaheim CA 92807

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional Director, Patient Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.7390
Amount of Each Receipt this Period: 60.00

B. Full Name (Last, First, Middle Initial)
Andrew S. Campbell

Mailing Address 423 S. Westridge Circle

City State Zip Code
Anaheim CA 92807

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional Director, Patient Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7391
Amount of Each Receipt this Period: 60.00

C. Full Name (Last, First, Middle Initial)
William Caplan

Mailing Address 7207 Edloe

City State Zip Code
Houston TX 77025

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7392
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 320.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 102
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Waldemar A. Carlo

Mailing Address 1720 Indian Creek Dr.

City Birmingham State AL Zip Code 35243

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX, Inc. Occupation Director, MEDNAX, Inc. Board of Dir.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 08 / 2011
Transaction ID: SA11AI.7393
Amount of Each Receipt this Period 5000.00

B.

Full Name (Last, First, Middle Initial)
Cay Carner

Mailing Address 2205 Vickers Drive

City Plano State TX Zip Code 75075

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc. Occupation Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.7394
Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Eva Carrizales

Mailing Address 2315 Meandering Way

City Arlington State TX Zip Code 76011

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services Inc. Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 15 / 2011
Transaction ID: SA11AI.7529
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **6025.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ronald Carzoli	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1505 1st South #401	Transaction ID: SA11AI.7395
	City State Zip Code Jacksonville FL 32250	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Pediatrix Medical Group of FL Occupation: Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) C. Labron Chambers, Jr.	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 3117 Cutchin Drive	Transaction ID: SA11AI.7530
	City State Zip Code Charlotte NC 28210	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: American Anesthesiology Occupation: Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00	

C.	Full Name (Last, First, Middle Initial) Gerald Cherayil	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 27514 Paddock Trail	Transaction ID: SA11AI.7396
	City State Zip Code Chantilly VA 20152	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: American Anesthesiology of VA Occupation: Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Elmer Choi

Mailing Address 11773 Hollyview Dr.

City State Zip Code
Great Falls VA 22006

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology
of VA

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7397

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Bobby Clifton

Mailing Address 1312 Montrose Drive

City State Zip Code
Shelby NC 28150

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7531

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)
Cameron W. Cole

Mailing Address 8239 New Cut Rd.

City State Zip Code
Campobello SC 29322

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group
of SC

Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7398

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) ▶

315.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Jose Colindres

Mailing Address 16775 NW 20 Street

City State Zip Code
Pembroke Pines FL 33028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group Medical Director, NICU
of FL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7399

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Steven Collins

Mailing Address 10468 Laurel Road

City State Zip Code
Davie FL 33328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. SVP - Business Development

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7400

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
William Corkey

Mailing Address 1413 Dogwood Lane

City State Zip Code
Raleigh NC 27607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology Anesthesiologist
of NC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 80.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7401

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ▶

790.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Frances 'Penny' Cox
 Mailing Address 6310 Oliver Loving Trail
 City State Zip Code
 Austin TX 78749
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 1 1
Transaction ID: SA11AI.7402
 Amount of Each Receipt this Period
 52.31
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 156.93

B. Full Name (Last, First, Middle Initial)
Frances 'Penny' Cox
 Mailing Address 6310 Oliver Loving Trail
 City State Zip Code
 Austin TX 78749
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7403
 Amount of Each Receipt this Period
 52.31
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.24

C. Full Name (Last, First, Middle Initial)
J. Thomas Cox, Jr.
 Mailing Address 2488 W Keswick Rd.
 City State Zip Code
 Florence SC 29501
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7404
 Amount of Each Receipt this Period
 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of SC Occupation: Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 229.62
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Amanda Crow

Mailing Address 2500 Oxford Rd.

City State Zip Code
Raleigh NC 27609

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology
of NC

Occupation
Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7405

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Margaret Davis

Mailing Address 6204 Ardmore Way

City State Zip Code
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group
of OH

Occupation
Neonatologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7409

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jorge DelToro

Mailing Address 1059 Nautica Drive

City State Zip Code
Weston FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group,
Inc.

Occupation
RVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7410

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)

501.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Matthew J. Devine

Mailing Address 2902 Needham Court

City State Zip Code
Delray Beach FL 33445

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation VP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.99

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7411

Amount of Each Receipt this Period
208.33

B.

Full Name (Last, First, Middle Initial)
Matthew J. Devine

Mailing Address 2902 Needham Court

City State Zip Code
Delray Beach FL 33445

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation VP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7412

Amount of Each Receipt this Period
208.33

C.

Full Name (Last, First, Middle Initial)
Steven Diven

Mailing Address 12109 Capella Trail

City State Zip Code
Austin TX 78732

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services Inc Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.7415

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 2916.66

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Rebecca D. Doise

Mailing Address 475 I49 S Service Rd.

City State Zip Code
Sunset LA 70584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Emergent & Crt Care Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7416

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Rebecca D. Doise

Mailing Address 475 I49 S Service Rd.

City State Zip Code
Sunset LA 70584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Emergent & Crt Care Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7417

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Patricia Dostalek

Mailing Address 3337 N. Deerspring Court

City State Zip Code
Tucson AZ 85750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Obstetrix Medical Group of AZ Nurse- Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11AI.7532

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 102
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Leona Douglas		Date of Receipt
	Mailing Address 7081 Morningside Ct.		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pediatrix Medical Group, Inc.		Occupation Director of Operations	Transaction ID: SA11AI.7418
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>

B.	Full Name (Last, First, Middle Initial) William Dounis		Date of Receipt
	Mailing Address 7733 Dower Lane		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	McLean	VA	22102
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Anesthesiology of VA		Occupation Anesthesiologist	Transaction ID: SA11AI.7533
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Patty Downey		Date of Receipt
	Mailing Address 3801 Far View Dr.		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Austin	TX	78730
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pediatrix Medical Services		Occupation NNP	Transaction ID: SA11AI.7419
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="75.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1775.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Patty Downey

Mailing Address 3801 Far View Dr.

City Austin State TX Zip Code 78730

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services Occupation: NNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7420
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Mike Dwyer

Mailing Address 421 Canterbury Way

City Jonesboro State GA Zip Code 30236

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of GA Occupation: Corporate Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7421
Amount of Each Receipt this Period: 416.67

C. Full Name (Last, First, Middle Initial)
Julie Dyer

Mailing Address 920 Arden Way

City Signal Mtn State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of TN Occupation: MSN, CNNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.7422
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 461.67

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Julie Dyer

Mailing Address 920 Arden Way

City State Zip Code
Signal Mtn TN 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of TN MSN, CNNP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 80.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7423

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
David Edmonds

Mailing Address PO Box 82070

City State Zip Code
Las Vegas NV 89180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pokroy Medical Group of NV Neonatologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7424

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Daniel Eller

Mailing Address 8231 Nesbit Ferry Rd.

City State Zip Code
Atlanta GA 30350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of GA Corp. Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7425

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **645.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Emil Engels		Date of Receipt MM / DD / YYYY 02 / 08 / 2011
Mailing Address 3127 Windsong Dr.		Transaction ID: SA11AI.7426
City Oakton	State VA	Zip Code 22124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Anesthesiology of VA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Judson Evans		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address 2614 Mimosa Place		Transaction ID: SA11AI.7427
City Wilmington	State NC	Zip Code 28409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

C.

Full Name (Last, First, Middle Initial) Judson Evans		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 2614 Mimosa Place		Transaction ID: SA11AI.7428
City Wilmington	State NC	Zip Code 28409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 102
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Fuad Fakhreddine

Mailing Address 215 North Glenn Ct.

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of GA
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7429
Amount of Each Receipt this Period: 125.00

B.

Full Name (Last, First, Middle Initial)
Miguel B. Fernandez

Mailing Address 121 Alhambra Plaza Suite 1100

City Coral Gables State FL Zip Code 33134

FEC ID number of contributing federal political committee. **C**

Name of Employer: MEDNAX, Inc.
Occupation: Director, MEDNAX, Inc. Board of Dir.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7432
Amount of Each Receipt this Period: 5000.00

C.

Full Name (Last, First, Middle Initial)
Antoine Fomufod

Mailing Address 5722 Avery Park Drive

City Rockville State MD Zip Code 20855

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix of Maryland, P.-A.
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7433
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 7125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Simon Frisch

Mailing Address 3816 W. Hibiscus St.

City State Zip Code
Weston FL 33332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director, Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7434

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Simon Frisch

Mailing Address 3816 W. Hibiscus St.

City State Zip Code
Weston FL 33332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director, Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7435

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Cecillia Fry

Mailing Address 8310 S. Hilby Road

City State Zip Code
Spokane WA 99223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PMG of WA Pediatric Intensivist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7534

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Josephine Gambardella

Mailing Address 1014 Priory Place

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of VA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7436

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dany Garcia

Mailing Address 13155 SW 134 St. #218

City State Zip Code
Miami FL 33186

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Occupation Board of Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11AI.7437

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Richard Gilbert

Mailing Address 1107 Queens Road

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7535

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 5600.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Carrie Gill Murdoch	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 8605 Batnemouth Dr.	Transaction ID: SA11AI.7438
	City State Zip Code Raleigh NC 27615	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Lisa Goldberg	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1004 Dartmouth Road	Transaction ID: SA11AI.7439
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Mario Gonzalez	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 45 Turtle Creek Lane	Transaction ID: SA11AI.7442
	City State Zip Code Panarra FL 32346	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group Inc	Occupation Director, Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional)	▶	2150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mario Gonzalez

Mailing Address 45 Turtle Creek Lane

City State Zip Code
Panarra FL 32346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc Director, Managed Care

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7443

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Carol Greene

Mailing Address 19441 Roman Street

City State Zip Code
Northridge CA 91324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc Director of Advance Practitioners- MTN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7444

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Carol Greene

Mailing Address 19441 Roman Street

City State Zip Code
Northridge CA 91324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc Director of Advance Practitioners- MTN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7445

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Kimberly Greenwald		Date of Receipt
	Mailing Address 2109 Blue Oak Terrace		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Raleigh	NC	27608
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.7446
Name of Employer American Anesthesiology of NC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

B.	Full Name (Last, First, Middle Initial) Sam Grossman		Date of Receipt
	Mailing Address 438 Forrest Park Circle		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Franklin	TN	37064
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.7447
Name of Employer MEDNAX Services, Inc.		Occupation Dir. Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="97.84"/>

C.	Full Name (Last, First, Middle Initial) Sam Grossman		Date of Receipt
	Mailing Address 438 Forrest Park Circle		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Franklin	TN	37064
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.7448
Name of Employer MEDNAX Services, Inc.		Occupation Dir. Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="97.84"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5195.68"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 102		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Timothy Gruebel		Date of Receipt MM / DD / YYYY 02 / 16 / 2011		
	Mailing Address 7101 Manor Oaks Dr.		Transaction ID: SA11AI.7536		
	City Raleigh	State NC	Zip Code 27615	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Anesthesiology		Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00			

B.	Full Name (Last, First, Middle Initial) Timothy Gundlach		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 9008 Unbridle Lane		Transaction ID: SA11AI.7451		
	City Waxhaw	State NC	Zip Code 28175	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Anesthesiology		Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00			

C.	Full Name (Last, First, Middle Initial) Peter Haney		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 200 Chimney Rock Road		Transaction ID: SA11AI.7452		
	City Houston	State TX	Zip Code 77024	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pediatrix Medical Services Inc		Occupation Neonatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 166.66			

SUBTOTAL of Receipts This Page (optional)	383.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Pamela Hanna

Mailing Address 20800 Bethelwood Lane

City State Zip Code
Cornelius NC 28031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology, South Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.7455

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Joseph Harlan

Mailing Address 2700 Kathwood Court

City State Zip Code
Florence SC 29501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of SC Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7456

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
William Hawk

Mailing Address 1542 SE 13th Street

City State Zip Code
Ft. Lauderdale FL 33316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology, Inc. SVP Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 656.25

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7457

Amount of Each Receipt this Period
218.75

SUBTOTAL of Receipts This Page (optional)

1118.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
William Hawk

Mailing Address 1542 SE 13th Street

City State Zip Code
Ft. Lauderdale FL 33316

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc. Occupation SVP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7458

Amount of Each Receipt this Period
218.75

B. Full Name (Last, First, Middle Initial)
Cody Henderson

Mailing Address 8 Ranch Terrace

City State Zip Code
Fair Oaks Ranch TX 78015

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services Inc. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.83

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7461

Amount of Each Receipt this Period
270.83

C. Full Name (Last, First, Middle Initial)
Cody Henderson

Mailing Address 8 Ranch Terrace

City State Zip Code
Fair Oaks Ranch TX 78015

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services Inc. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.66

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7462

Amount of Each Receipt this Period
270.83

SUBTOTAL of Receipts This Page (optional) ► **760.41**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Roger M. Hinson		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 7440 Mercer Terrace Drive		Transaction ID: SA11AI.7463
City Mercer Island	State WA	Zip Code 98040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Pediatrix Medical Group of WA	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) David Hoskinson		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 1901 Ocean Drive 8E		Transaction ID: SA11AI.7464
City Ft. Lauderdale	State FL	Zip Code 33305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer MEDNAX Services, Inc.	Occupation VP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

C.

Full Name (Last, First, Middle Initial) William Hyde		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 1706 Crested Butte Dr.		Transaction ID: SA11AI.7537
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pediatrix Medical Services Inc	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3290.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dominick Iaconetti

Mailing Address 386 Nichols Run Court

City State Zip Code
Great Falls VA 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of VA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7467

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
A. Kimberly Iafolla

Mailing Address 14220 Cervantes Ave.

City State Zip Code
Darnestown MD 20874

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix of Maryland Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7468

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
John Isaac

Mailing Address 8368 Settlers Peak

City State Zip Code
Boerne TX 78015

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services Inc Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7538

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Robert Jarrett		Date of Receipt MM / DD / YYYY 02 / 16 / 2011
Mailing Address 5851 Holmberg Road Apt. 3211		Transaction ID: SA11AI.7469
City Parkland	State Zip Code FL 33067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer MEDNAX Services, Inc.	Occupation VP Medical Affairs	Aggregate Year-to-Date ▼ 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Angela Jarvie		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address 5993 W Hoover Ave.		Transaction ID: SA11AI.7470
City Littleton	State Zip Code CO 80123	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Aggregate Year-to-Date ▼ 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Angela Jarvie		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 5993 W Hoover Ave.		Transaction ID: SA11AI.7471
City Littleton	State Zip Code CO 80123	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Aggregate Year-to-Date ▼ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	5050.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) M. Bruce Jenkin	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 9130 Anderton Springs Cove	Transaction ID: SA11AI.7472
	City State Zip Code Bartlett TN 38133	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pediatrix Medical Group Corporate Medical Director of TN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00

B.	Full Name (Last, First, Middle Initial) Peggy Jenkins	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 9432 Green Terrace Drive	Transaction ID: SA11AI.7539
	City State Zip Code Dallas TX 75220	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pediatrix Medical Group Inc HR Generalist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00

C.	Full Name (Last, First, Middle Initial) Shannon Jenkins	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 5365 S Tappan Falls Dr.	Transaction ID: SA11AI.7473
	City State Zip Code Idaho Falls ID 83406	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mountain States Neonatology Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Shannon Jenkins		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 5365 S Tappan Falls Dr.		Transaction ID: SA11AI.7474		
	City Idaho Falls	State ID	Zip Code 83406	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mountain States Neonatology	Occupation Medical Director	Aggregate Year-to-Date 200.00		

B.	Full Name (Last, First, Middle Initial) Manuel Kadre		Date of Receipt MM / DD / YYYY 02 / 08 / 2011		
	Mailing Address 5345 Hammock Dr.		Transaction ID: SA11AI.7475		
	City Coral Gables	State FL	Zip Code 33150	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDNAX, Inc.	Occupation Director, MEDNAX, Inc. Board of Dir.	Aggregate Year-to-Date 5000.00		

C.	Full Name (Last, First, Middle Initial) Alexander Kenton		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 55 Westelm Circle		Transaction ID: SA11AI.7476		
	City San Antonio	State TX	Zip Code 78230	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pediatrix Medical Services Inc	Occupation Neonatologist	Aggregate Year-to-Date 600.00		

SUBTOTAL of Receipts This Page (optional)	5250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Alexander Kenton
 Mailing Address 55 Westelm Circle
 City State Zip Code
 San Antonio TX 78230
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7477
 Amount of Each Receipt this Period
 200.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services Inc Neonatologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

B. Full Name (Last, First, Middle Initial)
Robert J. Kneeley, Jr.
 Mailing Address 3300 NE 42nd Court
 City State Zip Code
 Ft. Lauderdale FL 33308
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7478
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDNAX Services, Inc. Dir. Investor Relations
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Kathleen Knight
 Mailing Address 3013 Overton Park Drive
 City State Zip Code
 Ft. Worth TX 76109
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 1 1
Transaction ID: SA11AI.7543
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDNAX Services, Inc. Regional Counsel
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Frank Kokomoor		Date of Receipt
	Mailing Address 510 Woodbury Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Akron	OH	44286
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7479
Name of Employer Pediatrix Medical Group of OH		Occupation Neonatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	<input type="text"/> 1500.00

B.	Full Name (Last, First, Middle Initial) Elizabeth Krueger		Date of Receipt
	Mailing Address 2420 Valley Brook Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Nashville	TN	37215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7480
Name of Employer Pediatrix Medical Group of TN		Occupation Neonatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Shawn R. Kruse		Date of Receipt
	Mailing Address 102 Grannon Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Cary	NC	27519
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7544
Name of Employer American Anesthesiology of NC		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mary Laird

Mailing Address 4311 Valli Vista

City State Zip Code
Colorado Springs CO 80915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group Neonatologist
of CO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11AI.7486

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Stewart Lawrence

Mailing Address 2555 E Plateau Dr.

City State Zip Code
Boise ID 83712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mountain States Neonatology Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
187.50

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7487

Amount of Each Receipt this Period
62.50

C.

Full Name (Last, First, Middle Initial)
Stewart Lawrence

Mailing Address 2555 E Plateau Dr.

City State Zip Code
Boise ID 83712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mountain States Neonatology Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7488

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► **625.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 102		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Vicky Leamy		Date of Receipt
	Mailing Address 2523 Sheep Creek Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Bedford	VA	24523
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7489
Name of Employer Pediatrix Medical Group, Inc.		Occupation Advanced Practitioner Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 90.00	

B.	Full Name (Last, First, Middle Initial) Vicky Leamy		Date of Receipt
	Mailing Address 2523 Sheep Creek Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Bedford	VA	24523
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7490
Name of Employer Pediatrix Medical Group, Inc.		Occupation Advanced Practitioner Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 120.00	

C.	Full Name (Last, First, Middle Initial) Sherman C. Lee		Date of Receipt
	Mailing Address 8904 Riverview Park Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Raleigh	NC	27613
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7491
Name of Employer American Anesthesiology of NC		Occupation Anesthesiologist (Associate)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 50.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Peter Levine

Mailing Address 1192 Skylane Dr.

City State Zip Code
Weston FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation Sr. Corp. Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7492

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Peter Levine

Mailing Address 1192 Skylane Dr.

City State Zip Code
Weston FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation Sr. Corp. Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7493

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Beverly G. Lim

Mailing Address 201 NE 4th Street

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation VP Program Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7494

Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) William Liu	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 9009 Ligon Court	Transaction ID: SA11AI.7540
	City State Zip Code Ft. Myers FL 33908	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group of FL	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	
B.	Full Name (Last, First, Middle Initial) Trey Long	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 14826 N 54th Place	Transaction ID: SA11AI.7495
	City State Zip Code Scottsdale AZ 85254	Amount of Each Receipt this Period 1850.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	
C.	Full Name (Last, First, Middle Initial) Lisa Lowery-Smith	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 7821 Night Hawk Rd.	Transaction ID: SA11AI.7496
	City State Zip Code Chattanooga TN 37421	Amount of Each Receipt this Period 666.67
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group of TN	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.34	

SUBTOTAL of Receipts This Page (optional) ▶

2541.67

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Steven Lussos		Date of Receipt	
	Mailing Address 12701 McGills Landing Lane		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.7541
	Clifton	VA	20124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer American Anesthesiology of VA		Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		50.00		

B.	Full Name (Last, First, Middle Initial) David Luthy		Date of Receipt	
	Mailing Address 4505 NE 33rd St.		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.7497
	Seattle	WA	98105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer Obstetrix Medical Group of WA		Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

C.	Full Name (Last, First, Middle Initial) Mary Lynch		Date of Receipt	
	Mailing Address 4109 Galt Ave		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.7542
	Ft. Worth	TX	76109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer PMG Services		Occupation Neonatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	6050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gerald A. Maccioli

Mailing Address 3903 Laurel Manor Ct.

City Raleigh State NC Zip Code 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of NC Occupation Director of Critical Care Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.7181

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Bruce Manno

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation Dir. Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.82

Date of Receipt 02 / 15 / 2011

Transaction ID: SA11AI.7182

Amount of Each Receipt this Period 125.22

C. Full Name (Last, First, Middle Initial)
Bruce Manno

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation Dir. Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.09

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.7183

Amount of Each Receipt this Period 116.27

SUBTOTAL of Receipts This Page (optional) ► 341.49

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jay Martin	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 4225 Mandavilla Way	Transaction ID: SA11AI.7184
	City State Zip Code Apex NC 27539	Amount of Each Receipt this Period 154.80
	FEC ID number of contributing federal political committee. C	
Name of Employer American Anesthesiology of NC	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.40	

B.	Full Name (Last, First, Middle Initial) Jay Martin	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 4225 Mandavilla Way	Transaction ID: SA11AI.7185
	City State Zip Code Apex NC 27539	Amount of Each Receipt this Period 154.80
	FEC ID number of contributing federal political committee. C	
Name of Employer American Anesthesiology of NC	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.20	

C.	Full Name (Last, First, Middle Initial) Madeleen Mas	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 5730 SW 107th Street	Transaction ID: SA11AI.7545
	City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group of FL	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5309.60
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 102
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Eric W. Mason

Mailing Address 4313 Cedar Gate

City Raleigh State NC Zip Code 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of NC Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.7186

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Stefan Maxwell

Mailing Address 5 Chatham Rd.

City Charleston State WV Zip Code 25304

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.7187

Amount of Each Receipt this Period 416.67

C.

Full Name (Last, First, Middle Initial)
Brian McConnell

Mailing Address 1030 Timbercreek Trail

City Great Falls State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of VA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.7190

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **541.67**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 102
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Jorge McCormack

Mailing Address 7 Brightwater Circle

City State Zip Code
St. Petersburg FL 33704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of FL Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7191

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
William McCrea

Mailing Address 4904 Pine Street

City State Zip Code
Wilmington NC 28403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology of NC Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7192

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
William McCrea

Mailing Address 4904 Pine Street

City State Zip Code
Wilmington NC 28403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology of NC Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7193

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
John McKay
 Mailing Address 28 Highfield Court
 City State Zip Code
 Greenville SC 29650
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7194
 Amount of Each Receipt this Period
 3000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of SC Medical Director - NICU
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

B. Full Name (Last, First, Middle Initial)
Bahman Mehdizadeh
 Mailing Address 25470 Prado de las Bellotas
 City State Zip Code
 Calabasas CA 91302
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7195
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of CA Neonatologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

C. Full Name (Last, First, Middle Initial)
Stacey Meredith
 Mailing Address 1312 Timberlane Dr.
 City State Zip Code
 McKinney TX 75070
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 1 1
Transaction ID: SA11AI.7196
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Regional Director-Patient Accounts
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 75.00

SUBTOTAL of Receipts This Page (optional) ► 3125.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Stacey Meredith

Mailing Address 1312 Timberlane Dr.

City State Zip Code
McKinney TX 75070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Regional Director-Patient Accounts

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7197

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Simon K. Michael

Mailing Address 2132 Wimberly Lane

City State Zip Code
Austin TX 78735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Services Inc Neonatologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7200

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Hugh Miller

Mailing Address 6910 N Chaparral Pl.

City State Zip Code
Tucson AZ 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Obstetrix Medical Group of AZ Medical Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7201

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)

2175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Khawar Mohsini

Mailing Address 9 Hunters Ridge Dr.

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of MI Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7202

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Melissa Montague

Mailing Address 6525 Monument Avenue

City State Zip Code
Richmond VA 23226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Director of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7203

Amount of Each Receipt this Period

95.00

C.

Full Name (Last, First, Middle Initial)
Melissa Montague

Mailing Address 6525 Monument Avenue

City State Zip Code
Richmond VA 23226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Director of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7204

Amount of Each Receipt this Period

95.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Christopher Murray		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address 11566 Snow Creek Avenue		Transaction ID: SA11AI.7207
City Las Vegas	State NV	Zip Code 89135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Pokroy Medical Group of Nevada	Occupation Pediatric Hospitalist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 21.00	

B.

Full Name (Last, First, Middle Initial) Christopher Murray		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 11566 Snow Creek Avenue		Transaction ID: SA11AI.7208
City Las Vegas	State NV	Zip Code 89135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Pokroy Medical Group of Nevada	Occupation Pediatric Hospitalist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 42.00	

C.

Full Name (Last, First, Middle Initial) Ronald Naglie		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 25135 Stageline Dr.		Transaction ID: SA11AI.7209
City Laguna Hills	State CA	Zip Code 92653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Pediatrix Medical Group of CA	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	192.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mahesh Naik

Mailing Address 1889 Honey Spring Place

City Lexington State KY Zip Code 40502

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of KY
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11AI.7212
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Vijay Nama

Mailing Address 3101 Kennison Court

City Plano State TX Zip Code 75093

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services Inc
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7213
 Amount of Each Receipt this Period: 416.00

C. Full Name (Last, First, Middle Initial)
Kathleen O'Hara

Mailing Address 760 Azalea Court

City Plantation State FL Zip Code 33317

FEC ID number of contributing federal political committee. **C**

Name of Employer: MEDNAX Services, Inc.
Occupation: Manager, Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.7217
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 716.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Kathleen O'Hara

Mailing Address 760 Azalea Court

City State Zip Code
Plantation FL 33317

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation Manager, Managed Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7218

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Chien Oh

Mailing Address 10997 E Raintree Dr.

City State Zip Code
Scottsdale AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Obstetrix Med Group of Phoenix Occupation Perinatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7216

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Olufemi Okanlami

Mailing Address 51310 Shamrock Hills Drive

City State Zip Code
Granger IN 46530

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatric Medical Group of IN Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7219

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Alan Oliver

Mailing Address 130 Orion Circle

City State Zip Code
Jupiter FL 33477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Regional President-Atlantic Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7220

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Susan Olsen

Mailing Address 2991 Tallewood Drive

City State Zip Code
Marietta GA 30064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Atlanta MF Diagnostic Ctr Certified Nurse Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7546

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
M. Sharada Pai

Mailing Address 209 Timber Ridge Drive

City State Zip Code
West Columbia SC 29169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of SC Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7547

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Marta Papp

Mailing Address 1421 Beddington Park

City State Zip Code
Nashville TN 37315

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group
of TN

Occupation
Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7221

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Michael Paranka

Mailing Address 10126 Summit View Point

City State Zip Code
Highland Ranch CO 80126

FEC ID number of contributing federal political committee. **C**

Name of Employer
Obstetrix Medical Group
of CO

Occupation
Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7222

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Jason Pate

Mailing Address 7420 Ryan Ct.

City State Zip Code
McKinney TX 75070

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group,
Inc.

Occupation
Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7223

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jason Pate		Date of Receipt	
	Mailing Address 7420 Ryan Ct.		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.7224
	McKinney	TX	75070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	25.00	
Name of Employer Pediatrix Medical Group, Inc.		Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00		

B.	Full Name (Last, First, Middle Initial) Hanoch Patt		Date of Receipt	
	Mailing Address 3005 Scenic Drive		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.7225
	Austin	TX	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	150.00	
Name of Employer Pediatrix Medical Services Inc		Occupation Pediatric Cardiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Darren Patz		Date of Receipt	
	Mailing Address 46 NE 100th Street		M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.7226
	Miami Shores	FL	33138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	166.67	
Name of Employer MEDNAX Services, Inc.		Occupation VP, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.01		

SUBTOTAL of Receipts This Page (optional)	▶	341.67
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Darren Patz		Date of Receipt
	Mailing Address 46 NE 100th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Miami Shores	FL	33138
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7227
Name of Employer MEDNAX Services, Inc.		Occupation VP, Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.68	<input type="text"/> 166.67

B.	Full Name (Last, First, Middle Initial) Joshua Peck		Date of Receipt
	Mailing Address 7740 NW 71st Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Parkland	FL	33067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7228
Name of Employer MEDNAX Services, Inc.		Occupation Sr. Fin. Analyst, Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 75.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) Joshua Peck		Date of Receipt
	Mailing Address 7740 NW 71st Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Parkland	FL	33067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7229
Name of Employer MEDNAX Services, Inc.		Occupation Sr. Fin. Analyst, Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 216.67
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
John Pepia

Mailing Address 20160 Ocean Key Drive

City State Zip Code
Boca Raton FL 33498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. VP Accounting & Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7230

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
Maria R. Pierce

Mailing Address 33 West Elm Circle

City State Zip Code
San Antonio TX 78230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Services Inc. Neonatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7233

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey R. Poe

Mailing Address 1035 So. Cook Street

City State Zip Code
Denver CO 80709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Director of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7234

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jeffrey R. Poe

Mailing Address 1035 So. Cook Street

City State Zip Code
Denver CO 80709

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7235

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Mary Poulson

Mailing Address 1954 S. Parfet Drive

City State Zip Code
Lakewood CO 80227

FEC ID number of contributing federal political committee. **C**

Name of Employer: MEDNAX Services, Inc. Occupation: Dir Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.39

Date of Receipt: MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7236

Amount of Each Receipt this Period: 116.09

C. Full Name (Last, First, Middle Initial)
Mary Poulson

Mailing Address 1954 S. Parfet Drive

City State Zip Code
Lakewood CO 80227

FEC ID number of contributing federal political committee. **C**

Name of Employer: MEDNAX Services, Inc. Occupation: Dir Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 431.19

Date of Receipt: MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7237

Amount of Each Receipt this Period: 107.80

SUBTOTAL of Receipts This Page (optional) ► 273.89

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Richard Powers

Mailing Address 110 Gemini Ct.

City State Zip Code
Los Gatos CA 95032

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of CA
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7238
 Amount of Each Receipt this Period: 3100.00

B. Full Name (Last, First, Middle Initial)
Mark Preziosi

Mailing Address 3144 Legends Circle

City State Zip Code
Lakeland FL 33803

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of FL
Occupation: Corp. Med. Director, NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7239
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
John Prueitt

Mailing Address 8500 54th Avenue NE

City State Zip Code
Seattle WA 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7240
 Amount of Each Receipt this Period: 416.66

SUBTOTAL of Receipts This Page (optional) ► 3566.66

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Carey Purre

Mailing Address 3603 NW 23 Terrace

City State Zip Code
Boca Raton FL 33431

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation Director Recruiting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7241

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
Carey Purre

Mailing Address 3603 NW 23 Terrace

City State Zip Code
Boca Raton FL 33431

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDNAX Services, Inc. Occupation Director Recruiting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7242

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
Jamie Ramsay

Mailing Address 6105 Blenheim Place

City State Zip Code
Wilmington NC 28409

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of NC Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7243

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jamie Ramsay		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 6105 Blenheim Place		Transaction ID: SA11AI.7244		
	City Wilmington	State NC	Zip Code 28409	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist	Aggregate Year-to-Date 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Brian Renaud		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 11822 NW 11th Place		Transaction ID: SA11AI.7245		
	City Coral Springs	State FL	Zip Code 33071	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDNAX Services, Inc.	Occupation Dir. Finance	Aggregate Year-to-Date 62.49		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Brian Renaud		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 11822 NW 11th Place		Transaction ID: SA11AI.7246		
	City Coral Springs	State FL	Zip Code 33071	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDNAX Services, Inc.	Occupation Dir. Finance	Aggregate Year-to-Date 83.32		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

66.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Robert Rieker

Mailing Address 805 Glen Eden Drive

City State Zip Code
Raleigh NC 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology Anesthesiologist
of NC

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7247

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Brian Rosenberg

Mailing Address 9842 W. McNab Road

City State Zip Code
Tamarac FL 33321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director, Training & Development

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 90.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7250

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
Brian Rosenberg

Mailing Address 9842 W. McNab Road

City State Zip Code
Tamarac FL 33321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director, Training & Development

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 120.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7251

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

85.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Linda Sacks

Mailing Address 406 Wheaton Street

City Savannah State GA Zip Code 31405

FEC ID number of contributing federal political committee. **C**

Name of Employer Magella Med. Assoc. of GA Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 15 / 2011

Transaction ID: SA11AI.7254

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Linda Sacks

Mailing Address 406 Wheaton Street

City Savannah State GA Zip Code 31405

FEC ID number of contributing federal political committee. **C**

Name of Employer Magella Med. Assoc. of GA Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.7255

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Lawrence Sale

Mailing Address 2572 Grand Prix Court

City Atlantal State GA Zip Code 30345

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of GA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2011

Transaction ID: SA11AI.7258

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Idelsi Sanchez

Mailing Address 3941 SW 186 Way

City State Zip Code
Miramar FL 33029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Associate General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 236.73

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7259

Amount of Each Receipt this Period

78.91

B.

Full Name (Last, First, Middle Initial)
Idelsi Sanchez

Mailing Address 3941 SW 186 Way

City State Zip Code
Miramar FL 33029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Associate General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.64

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7260

Amount of Each Receipt this Period

78.91

C.

Full Name (Last, First, Middle Initial)
Rhonda Sanders

Mailing Address 161 Falling Creek Ct.

City State Zip Code
Clayton NC 27520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Critical Health Systems, Inc. Billing Operations Mgr.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 75.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7261

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

182.82

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Rhonda Sanders

Mailing Address 161 Falling Creek Ct.

City Clayton State NC Zip Code 27520

FEC ID number of contributing federal political committee. **C**

Name of Employer: Critical Health Systems, Inc. Occupation: Billing Operations Mgr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 02 / 28 / 2011

Transaction ID: SA11AI.7262

Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Tami Sands

Mailing Address 1650 S. Banana River Drive

City Merritt Island State FL Zip Code 32952

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of FL Occupation: ARNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 62.40

Date of Receipt: 02 / 15 / 2011

Transaction ID: SA11AI.7263

Amount of Each Receipt this Period: 20.80

C.

Full Name (Last, First, Middle Initial)
Tami Sands

Mailing Address 1650 S. Banana River Drive

City Merritt Island State FL Zip Code 32952

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of FL Occupation: ARNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 83.20

Date of Receipt: 02 / 28 / 2011

Transaction ID: SA11AI.7264

Amount of Each Receipt this Period: 20.80

SUBTOTAL of Receipts This Page (optional) ► **66.60**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jeffrey Scheidlinger
 Mailing Address 8400 Woodbranch Court
 City State Zip Code
 McLean VA 22102
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 7 / 2 0 1 1
Transaction ID: SA11AI.7269
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of VA Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
James Schick
 Mailing Address 1989 Valley Meadows Drive
 City State Zip Code
 Oak View CA 93022
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7549
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of CA Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Jonathan E. Schwartz
 Mailing Address 3740 Saltmeadow Ct. South
 City State Zip Code
 Jacksonville FL 32224
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7270
 Amount of Each Receipt this Period
 60.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of FL Occupation Medical Director, NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

SUBTOTAL of Receipts This Page (optional) ► **810.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Kenneth M. Shaffer	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1622 Resaca Blvd.	Transaction ID: SA11AI.7271
	City State Zip Code Arstia TX 78738	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Services Inc	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey D. Shapiro	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 5080 Jett Forest Tr.	Transaction ID: SA11AI.7272
	City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Anesthesiology of GA	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) Cecil Sharp	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 576 Medinah Dr.	Transaction ID: SA11AI.7273
	City State Zip Code Augusta GA 30907	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group of GA	Occupation Corp. Med. Director, NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90.00	

SUBTOTAL of Receipts This Page (optional)	6545.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Richard Sidebottom
 Mailing Address 1305 Byron Nelson Parkway
 City State Zip Code
 Southlake TX 76092
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7276
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services Neonatologist
 Inc.
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

B. Full Name (Last, First, Middle Initial)
Richard Simon
 Mailing Address 2111 34th Street
 City State Zip Code
 West Palm Beach FL 33407
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 1 1
Transaction ID: SA11AI.7277
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Director of Operations
 Inc.
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

C. Full Name (Last, First, Middle Initial)
Richard Simon
 Mailing Address 2111 34th Street
 City State Zip Code
 West Palm Beach FL 33407
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11AI.7278
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Director of Operations
 Inc.
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Kim G. Smith

Mailing Address 3050 FM 1799

City State Zip Code
Mineola TX 75773

FEC ID number of contributing federal political committee. C

Name of Employer: **Pediatrix Medical Services Inc** Occupation: **Neonatologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7282

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Rhonda Smith

Mailing Address 107 Topeka Road

City State Zip Code
Scott LA 70583

FEC ID number of contributing federal political committee. C

Name of Employer: **Pediatrix Medical Group of LA** Occupation: **NNP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11AI.7284

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Brenda Sommer

Mailing Address 4871 Acorn Drive

City State Zip Code
Boca Raton FL 33487

FEC ID number of contributing federal political committee. C

Name of Employer: **Pediatrix Medical Group, Inc.** Occupation: **Clin Mgr, Chart Abstractor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 176.40

Date of Receipt MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7285

Amount of Each Receipt this Period 58.80

SUBTOTAL of Receipts This Page (optional) 258.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Brenda Sommer
Mailing Address 4871 Acorn Drive
City Boca Raton State FL Zip Code 33487
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011
Transaction ID: SA11AI.7286
Amount of Each Receipt this Period
58.80

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Clin Mgr, Chart Abstractor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.20

B. Full Name (Last, First, Middle Initial)
Enrique Sosa
Mailing Address 430 Grand Bay Drive #1002
City Key Biscayne State FL Zip Code 33149
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011
Transaction ID: SA11AI.7550
Amount of Each Receipt this Period
5000.00

Name of Employer: MEDNAX, Inc. Occupation: Board of Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
Ana Spence
Mailing Address 2251 N 32nd St. Lot 6
City Phoenix State AZ Zip Code 85008
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011
Transaction ID: SA11AI.7289
Amount of Each Receipt this Period
75.00

Name of Employer: Obstetrix Med Group of Phoenix Occupation: Perinatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

SUBTOTAL of Receipts This Page (optional) ► **5133.80**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Teresa Spence

Mailing Address 148 N. Cleveland Street

City State Zip Code
Orange CA 92866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Reg Mgr Man Care Cont-15

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.78

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7290

Amount of Each Receipt this Period
62.22

B. Full Name (Last, First, Middle Initial)
Bharath Srivatsa

Mailing Address 1917 N. Akin Dr. NE

City State Zip Code
Atlanta GA 30345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Neonatology Assoc. of Atlanta Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11AI.7291

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Susan Steele

Mailing Address 4156 English Garden Way

City State Zip Code
Raleigh NC 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology of NC Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7551

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2812.22**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Margaret Steinbach

Mailing Address 272 NW 97th Avenue

City State Zip Code
Plantation FL 33324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. VP Advance Practitioners

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7292

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Craig Steiner

Mailing Address 4709 Camargo Ct.

City State Zip Code
College Station TX 77845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Services Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7293

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Paul Stern

Mailing Address 275 NE Olive Way

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director Technical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7294

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Paul Stern

Mailing Address 275 NE Olive Way

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director Technical Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7295

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
Julia Stones

Mailing Address 6541 NE 20th Terrace

City State Zip Code
Ft. Lauderdale FL 33308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director of Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 85.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7296

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)
Julia Stones

Mailing Address 6541 NE 20th Terrace

City State Zip Code
Ft. Lauderdale FL 33308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director of Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 170.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7297

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) ▶

320.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Ellen Sutherland

Mailing Address 8 Inwood Moss

City San Antonio State TX Zip Code 78248

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.7552

Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Terrence J. Sweeney

Mailing Address 727 17th Ave. East

City Seattle State WA Zip Code 98112

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of WA Occupation: Director of Neonatology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7298

Amount of Each Receipt this Period: 140.00

C.

Full Name (Last, First, Middle Initial)
Kassell Sykes

Mailing Address 6705 Greywalls Lane

City Raleigh State NC Zip Code 27614

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of NC Occupation: Anesthesiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.7299

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **290.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gregory D. Sysyn
 Mailing Address 625 Spindlewick Dr.
 City Atlanta State GA Zip Code 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neonatology Associates of Atl Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 02 / 08 / 2011
Transaction ID: SA11AI.7303
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Bannie Tabor
 Mailing Address 5020 Still Meadow Dr.
 City Fort Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.7304
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Sandy Tarant
 Mailing Address 2710 Aylesford Dr.
 City Midothian State VA Zip Code 23112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group, PC Occupation Corporate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00
 Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.7305
 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
B. Keith Taylor

Mailing Address 108 Linden Ave.

City Lynchburg State VA Zip Code 24503

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, PC
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7306
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Pam Thomas

Mailing Address 2121 NW 76 Terrace

City Margate State FL Zip Code 33063

FEC ID number of contributing federal political committee. **C**

Name of Employer: MEDNAX Services, Inc.
Occupation: VP Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7307
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Harris Thompson

Mailing Address 4711 NW 119th Ave

City Coral Springs State FL Zip Code 33076

FEC ID number of contributing federal political committee. **C**

Name of Employer: MEDNAX Services, Inc.
Occupation: VP of Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.7308
Amount of Each Receipt this Period: 166.00

SUBTOTAL of Receipts This Page (optional) ▶ 316.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Harris Thompson	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 4711 NW 119th Ave	Transaction ID: SA11AI.7309
	City State Zip Code Coral Springs FL 33076	Amount of Each Receipt this Period 166.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDNAX Services, Inc. VP of Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

B.	Full Name (Last, First, Middle Initial) Scott Tisdell	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1420 Crownhill Drive	Transaction ID: SA11AI.7312
	City State Zip Code Arlington TX 76012	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pediatrix Medical Services Inc NICU Director- THAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Joe V. Toney	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 5459 S Krameria St.	Transaction ID: SA11AI.7313
	City State Zip Code Greenwood CO 80111	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Obstetrix Medical Group of CO Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	2866.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Susan Townsend

Mailing Address 5450 S. Autumn Ct.

City State Zip Code
Greenwood Village CO 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group
of CO

Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7314

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
Robert Treadway, Jr.

Mailing Address 3100 Briar Stream Run

City State Zip Code
Raleigh NC 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology
of NC

Occupation
Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7315

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Wendy Troyer

Mailing Address 1274 Redfield Rd

City State Zip Code
Atlanta GA 30338

FEC ID number of contributing federal political committee. **C**

Name of Employer
Neonatology Assoc. of Atl-
anta

Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7316

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Richard Turner

Mailing Address 220 Quail Meadows Lane

City State Zip Code
Arlington TX 76002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Med. Services, Inc. Medical Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	1

Transaction ID: SA11AI.7317

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Steven Van Scoy

Mailing Address 5355 Candelabra Place

City State Zip Code
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of CA Medical Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 40.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	1

Transaction ID: SA11AI.7319

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)
Robert M. Voelker, Jr.

Mailing Address 7026 Oakbluff Dr.

City State Zip Code
Dallas TX 75254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Services Inc Neonatologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	1

Transaction ID: SA11AI.7320

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7540.00

TOTAL This Period (last page this line number only)

--

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Martin Walker

Mailing Address 7960 Simons Rd, NE

City State Zip Code
Kenmore WA 98028

FEC ID number of contributing federal political committee. **C**

Name of Employer: Obstetrix Medical Group of WA
Occupation: Practice Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7321
Amount of Each Receipt this Period: 125.00

B.

Full Name (Last, First, Middle Initial)
Mary Weardon

Mailing Address 22535 Lynridge

City State Zip Code
San Antonio TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services Inc
Occupation: MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.7322
Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
Mary Weardon

Mailing Address 22535 Lynridge

City State Zip Code
San Antonio TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services Inc
Occupation: MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.7323
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
David Weisoly

Mailing Address 6612 Crown Forest Drive

City State Zip Code
Plano TX 75024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Services Inc Neonatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7554

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Scott Wiles

Mailing Address 734 Marble Way

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director of Tax

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 180.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7324

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Scott Wiles

Mailing Address 734 Marble Way

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Director of Tax

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7325

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ▶

620.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Michael R. Williams

Mailing Address 4824 Studbury Hall Court

City State Zip Code
Wake Forest NC 27587

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Critical Health Systems, Inc. Regional COO, AA

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7329

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Michael R. Williams

Mailing Address 4824 Studbury Hall Court

City State Zip Code
Wake Forest NC 27587

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Critical Health Systems, Inc. Regional COO, AA

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7330

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Karen Witte

Mailing Address 11040 SW 1st St

City State Zip Code
Coral Springs FL 33071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Assistant Controller

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 75.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7331

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Karen Witte

Mailing Address 11040 SW 1st St

City State Zip Code
Coral Springs FL 33071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDNAX Services, Inc. Assistant Controller

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7332

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Terri Wohlever

Mailing Address 4106 River Lane

City State Zip Code
Addison TX 75001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Director of Operations-S. Central Reg.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 75.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7333

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Terri Wohlever

Mailing Address 4106 River Lane

City State Zip Code
Addison TX 75001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Director of Operations-S. Central Reg.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7334

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Peter Wu

Mailing Address 1615 N Queen St.
Apt. 502

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Anesthesiology
of VA

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7335

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Gary Yup

Mailing Address 2301 Fireside Circle

City State Zip Code
Reno NV 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pokroy Medical Group of
NV

Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7336

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Terrance Zuerlein

Mailing Address 21 Fontenay Circle

City State Zip Code
Little Rock AR 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pediatrix Medical Group
of AK

Occupation
Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7337

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

149610.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 96 / 102	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MEDNAX, Inc		Date of Receipt																					
	Mailing Address 1301 Concord Terrace		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		0	4		2	0	1	1														
	City	State	Zip Code		Transaction ID: SA15.7172																			
	Sunrise	FL	33323																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer		Occupation		285.93																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Reimbursement of bank fees																				
		320.07																						

SUBTOTAL of Receipts This Page (optional)	▶	285.93
TOTAL This Period (last page this line number only)	▶	285.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 102
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Kay Bailey Hutchison For Senate Committee

Mailing Address P.O. Box 9190

City	State	Zip Code
Dallas	TX	75209

FEC ID number of contributing federal political committee. **C** C00279273

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA16.7173

Amount of Each Receipt this Period
2500.00

Refund of Contribution

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 102

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.7170 Date of Disbursement
	Mailing Address 600 Peachtree Street	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Atlanta State GA Zip Code 30308	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="44.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.7167 Date of Disbursement
	Mailing Address 2145 Hamilton Avenue	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City San Jose State CA Zip Code 95125	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="447.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.7168 Date of Disbursement
	Mailing Address 2145 Hamilton Avenue	<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City San Jose State CA Zip Code 95125	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="765.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 102

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Paypal, Inc.

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7169

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2011

Amount of Each Disbursement this Period

560.30

SUBTOTAL of Disbursements This Page (optional)

560.30

TOTAL This Period (last page this line number only)

1818.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 16</p>	<p>Transaction ID: SB23.7180</p> <p>Date of Disbursement 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name John J. Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 12</p>	<p>Transaction ID: SB23.7174</p> <p>Date of Disbursement 02 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Max Baucus</p> <p>Mailing Address P.O. Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MT District: 00</p>	<p>Transaction ID: SB23.7177</p> <p>Date of Disbursement 02 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 102

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 4201 Northview Drive Suite 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Steny Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7175</p> <p>Date of Disbursement MM / DD / YYYY 02 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Jim Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7179</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address P.O. Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7178</p> <p>Date of Disbursement MM / DD / YYYY 02 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mike McIntyre For Congress

Transaction ID: SB23.7176

Date of Disbursement

Mailing Address P.O. Box 1

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	1

City Lumberton State NC Zip Code 28359

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

--

Category/
Type

Candidate Name
Mike McIntyre

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

TOTAL This Period (last page this line number only) ►

12500.00
