



ROSS MILLER
Secretary of State
Elections Division
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Office of the
Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division

JStokes
1/14/2016

#2107

State of Nevada
Committee for Political Action
(PAC)
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ON

- New Registration
- PAC (Advocating Passage or Defeat of a Ballot Question)
- Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))
- Amended Registration: Change Officers Change Registered Agent Change Address
check all that apply
- Change Name Change Address
- Change Name Change Address
- Other: _____

Name of Committee: Mednax, Inc. Federal Political Action Committee Telephone: 954-384-0175

Mailing Address: 1301 Concord Terrace Sunrise FL 33323
Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.

Political Contributions

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: Dr. Phil Vaughn Telephone: 702-769-0727

Mailing Address: 11529 Snow Creek Ave. Las Vegas NV 89135
Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Signature on file
Signature of Registered Agent

Date: 1/13/16



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Darren Patz, Interim Treasurer Telephone: 954-384-0175

Mailing Address:
1301 Concord Terrace Sunrise FL 33323
 Street Name, Number City State Zip Code

Officer Name and Title: John Pepia Telephone: 954-384-0175

Mailing Address:
1301 Concord Terrace Sunrise FL 33323
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address:
 _____ _____ _____ _____
 Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address:
 _____ _____ _____ _____
 Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Mcdnax, Inc. Telephone: 954-384-0175

Mailing Address:
1301 Concord Terrace Sunrise FL 33323
 Street Name, Number City State Zip Code

Name of Organization: _____ Telephone: _____

Mailing Address:
 _____ _____ _____ _____
 Street Name, Number City State Zip Code

Name of Organization: _____ Telephone: _____

Mailing Address:
 _____ _____ _____ _____
 Street Name, Number City State Zip Code

SUBMITTED BY:

[Signature] Date: 1/14/16 Telephone: 954-384-0175

Signature of Representative of Group