

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105309

Entity Name: MARION MEDICAL EQUITY INVESTORS CORPORATION**Current Principal Place of Business:**1920 MAIN STREET, SUITE 1200
IRVINE, CA 92614**Current Mailing Address:**1920 MAIN STREET, SUITE 1200
IRVINE, CA 92614 US**FEI Number:** 65-1121573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, CEO
Name HERZOG, THOMAS M.
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title SVP
Name PLAYLE, ANGELA M.
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title DIRECTOR, EVP, CIO
Name BRINKER, SCOTT M.
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title VP, TREASURER
Name PATADIA, ANKIT B.
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title DIRECTOR, EVP, CORPORATE
SECRETARY
Name MCHENRY, TROY E.
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title DIRECTOR, EVP, CFO
Name SCOTT, PETER A.
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title SVP, CORPORATE SECRETARY,
ASSISTANT CORPORATE SECRETARY
Name GRAZIANO, SCOTT A.
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA M. PLAYLE**SENIOR VICE PRESIDENT 02/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date