

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000105309

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**9847167837CC**

**Entity Name:** MARION MEDICAL EQUITY INVESTORS CORPORATION

**Current Principal Place of Business:**

1920 MAIN STREET, STE 1200  
IRVINE, CA 92614

**Current Mailing Address:**

5050 SOUTH SYRACUSE STREET  
SUITE 800  
DENVER, CO 80237 US

**FEI Number:** 65-1121573

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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, DIRECTOR  
Name            BRINKER, SCOTT M.  
Address        5050 SOUTH SYRACUSE STREET  
                 SUITE 800  
City-State-Zip: DENVER CO 80237

Title            EXECUTIVE VICE PRESIDENT  
Name            ALONSO, LISA A,  
Address        5050 SOUTH SYRACUSE STREET  
                 SUITE 800  
City-State-Zip: DENVER CO 80237

Title            EXECUTIVE VICE PRESIDENT  
Name            JOHNSTON, SHAWN G.  
Address        5050 SOUTH SYRACUSE STREET  
                 SUITE 800  
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Title            GENERAL COUNSEL, DIRECTOR  
Name            MILLER, JEFFREY H.  
Address        5050 SOUTH SYRACUSE STREET  
                 SUITE 800  
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Title            CHIEF DEVELOPMENT OFFICER  
Name            BOHN, SCOTT R.  
Address        5050 SOUTH SYRACUSE STREET  
                 SUITE 800  
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Title            CHIEF INVESTMENT OFFICER  
Name            MABRY, ADAM G.  
Address        5050 SOUTH SYRACUSE STREET  
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Title            COO  
Name            KLARITCH, THOMAS M.  
Address        5050 SOUTH SYRACUSE STREET  
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Title            CFO, DIRECTOR  
Name            SCOTT, PETER A.  
Address        5050 SOUTH SYRACUSE STREET  
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**Continues on page 2**

*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:** PAUL Y. JIN

**SENIOR VICE PRESIDENT 01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SENIOR VICE PRESIDENT  
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