

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 22, 2016
Secretary of State
CC7657872849

Entity Name: TEXARKANA 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: 65-0992040

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 P
Name MARTIN, LAURALEE E
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

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

Title T
Name BRILL, MATTHEW A
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title D
Name HUTCHENS, J. JUSTIN F
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title D
Name SCHOEN, TIMOTHY M
Address 1920 MAIN STREET, SUITE 1200
City-State-Zip: IRVINE CA 92614

Title SVP
Name MAAS, BRIAN
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: BRIAN MAAS

AUTHORIZED PERSON

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date