

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000099042

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC2718280409**

**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 MERCER, JAMES W  
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 GALLAGHER, PAUL 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**

**SVP**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date