

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000099042

**FILED**  
**Feb 15, 2019**  
**Secretary of State**  
**6980393657CC**

**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            PRESIDENT, CEO  
Name            HERZOG, THOMAS M.  
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            SVP  
Name            PLAYLE, ANGELA M.  
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            DIRECTOR, EVP, CIO  
Name            BRINKER, SCOTT M.  
Address        1920 MAIN STREET, SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title            TREASURER, VP  
Name            PATADIA, ANKIT B.  
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