

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001723

**FILED**  
**Apr 12, 2015**  
**Secretary of State**  
**CC4328061646**

**Entity Name:** ROBERT MARRIOTT MEDICAL CORP.

**Current Principal Place of Business:**

222 N SEPULVEDA BLVD  
SUITE 2175  
EL SEGUNDO, CA 90245

**Current Mailing Address:**

222 N SEPULVEDA BLVD  
SUITE 2175  
EL SEGUNDO, CA 90245 US

**FEI Number:** 68-0660970

**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           DIRECTOR, PRESIDENT,  
                  SECRETARY, TREASURER  
Name           MARRIOTT, ROBERT  
Address        222 N SEPULVEDA BLVD  
                  SUITE 2175  
City-State-Zip: EL SEGUNDO CA 90245

Title           EVP, ASST. SECRETARY, ASST.  
                  TREASURER  
Name           MARRIOTT, LAURA  
Address        222 N SEPULVEDA BLVD  
                  SUITE 2175  
City-State-Zip: EL SEGUNDO CA 90245

*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:** LAURA MARRIOTT

**ASSISANT SECRETARY**

**04/12/2015**

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

\_\_\_\_\_ Date