## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001723

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

**FILED** Apr 06, 2018

**Secretary of State** 

CC9268297060

Officer/Director Detail:

ASSISANT SECRETARY Title Title **DIRECTOR** 

MARRIOTT, ROBERT MARRIOTT, LAURA Name Name

Address 222 N SEPULVEDA BLVD Address 222 N SEPULVEDA BLVD

**SUITE 2175** 

EL SEGUNDO CA 90245 EL SEGUNDO CA 90245 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY** 

MARRIOTT, ROBERT MARRIOTT, ROBERT Name Name

222 N SEPULVEDA BLVD 222 N SEPULVEDA BLVD Address Address

**SUITE 2175 SUITE 2175** 

EL SEGUNDO CA 90245 EL SEGUNDO CA 90245 City-State-Zip: City-State-Zip:

Title **PRESIDENT** 

MARRIOTT, ROBERT Name

222 N SEPULVEDA BLVD Address

**SUITE 2175** 

**SUITE 2175** 

EL SEGUNDO CA 90245 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

ASSISANT SECRETARY

04/06/2018