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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509) 768-2249
Fax Number : (866) 543-4731

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION ROBERT MARRIOTT MEDICAL CORP.

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ROBERT MARRIOTT MEDICAL CORP.

*(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")*

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA **3. _____**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 21, 2007 **5. PERPETUAL**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 863 N. DOUGLAS STREET, SUITE 100, EL SEGUNDO, CA 90245
*(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)*

7. 863 N. DOUGLAS STREET, SUITE 100, EL SEGUNDO, CA 90245
(Principal office address)

863 N. DOUGLAS STREET, SUITE 100, EL SEGUNDO, CA 90245
(Current mailing address)

8. MEDICAL SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

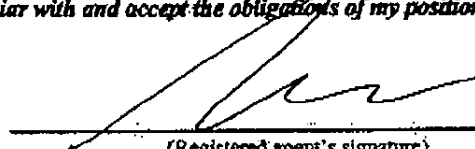
Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3111 W. DR. MLK BLVD., STE 100-B180

TAMPA, Florida 33607
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


DAN KEEN - MANAGER
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: ROBERT MARRIOTT

Address: 863 N. DOUGLAS STREET, SUITE 100

EL SEGUNDO, CA 90245

Vice Chairman: _____

Address: _____

Director: ROBERT MARRIOTT

Address: 863 N. DOUGLAS STREET, SUITE 100

EL SEGUNDO, CA 90245

Director: _____

Address: _____

B. OFFICERS

President: ROBERT MARRIOTT

Address: 863 N. DOUGLAS STREET, SUITE 100

EL SEGUNDO, CA 90245

Vice President: Laura Marriott

Address: EL SEGUNDO, CA 90245

EL SEGUNDO, CA 90245

Secretary: ROBERT MARRIOTT

Address: 863 N. DOUGLAS STREET, SUITE 100, EL SEGUNDO, CA 90245

Treasurer: ROBERT MARRIOTT

Address: 863 N. DOUGLAS STREET, SUITE 100, EL SEGUNDO, CA 90245

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Laura Marriott

(Signature of Director or Officer listed in number 12 of the application)

14. LAURA MARRIOTT, VICE PRESIDENT

(Typed or printed name and capacity of person signing application)

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**State of California
Secretary of State**

CERTIFICATE OF STATUS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

ROBERT MARRIOTT MEDICAL CORP.

FILE NUMBER: C3000154
FORMATION DATE: 05/21/2007
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of April 19, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State

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