

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105309

FILED
Apr 27, 2010
Secretary of State

Entity Name: MARION MEDICAL EQUITY INVESTORS CORPORATION

Current Principal Place of Business:

3760 KILROY AIRPORT WAY
SUITE 300
LONG BEACH, CA 90806

New Principal Place of Business:

Current Mailing Address:

3760 KILROY AIRPORT WAY
SUITE 300
LONG BEACH, CA 90806

New Mailing Address:

FEI Number: 65-1121573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO
Name: FLAHERTY, JAMES F III
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: DEVP
Name: HENNING, EDWARD J
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: S
Name: HENNING, EDWARD J
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: AS
Name: STAMBOL, ERIC
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: T
Name: BRILL, MATTHEW A
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

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: ERIC STAMBOL

AS

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date