2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099042

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

450 S. ORANGE AVENUE

() Delete

420 S. ORANGE AVENUE. SUITE 500

ORLANDO, FL 32801

GUTIERREZ, LYNN

ORLANDO, FL 32801

Entity Name: TEXARKANA MEDICAL EQUITY INVESTORS CORPORATION

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
420 S. ORANGE AVENUE SUITE 500 ORLANDO, FL 32801			SL	3760 KILROY AIRPORT WAY SUITE 300 LONG BEACH, CA 90806			
Current Mailing Address:			Ne	New Mailing Address:			
SUITE 500	ANGE AVENU)), FL 32801	JE					
FEI Number	: 65-0992040	FEI Number Applied For ()	FEI Numbei	r Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
420 S. OR SUITE 500	ON, AMY J ANGE AVENU)), FL 32801 U						
	named entity e of Florida.	submits this statement for the p	ourpose of ch	nanging its	s registered	d office or registered agent, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered Age	ent			Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ΑI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BEEBE, STUA	E AVENUE, SUITE 500	Add	e: me: dress: y-St-Zip:		(X) Change () Addition JAMES F III IY AIRPORT WAY, SUITE 300 CH, CA 90806	
Title: Name: Address: City-St-Zip:	ANDERSON, F	E AVENUE, SUITE 500	Add	e: me: dress: y-St-Zip:		(X) Change () Addition DWARD J Y AIRPORT WAY, SUITE 300 CH, CA 90806	
Title: Name: Address: City-St-Zip:	HETTINGA, CL	E AVENUE, SUITE 500	Add	e: me: dress: y-St-Zip:	3760 KILRO	(X) Change () Addition CH, STEPHEN R Y AIRPORT WAY, SUITE 300 CH, CA 90806	
Title: Name:	T (BOURNE, ROE) Delete BERT A	Titl Nai	e: me:	CFO WALLACE, I	(X) Change()Addition MARK	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: EDWARD J. HENNING D 04/19/2007

3760 KILROY AIRPORT WAY, SUITE 300

3760 KILROY AIRPORT WAY, SUITE 300

(X) Change () Addition

LONG BEACH, CA 90806

LONG BEACH, CA 90806

HENNING, EDWARD