

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099042

FILED
Apr 21, 2008
Secretary of State

Entity Name: TEXARKANA MEDICAL EQUITY INVESTORS CORPORATION

Current Principal Place of Business:

420 SOUTH ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

420 S. ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 65-0992040 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 () Delete
Name: FLAHERTY, JAMES F III
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

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

Title: DVP () Delete
Name: MAULBETSCH, STEPHEN R
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

Title: CFO () Delete
Name: WALLACE, MARK
Address: 3760 KILROY AIRPORT WAY, SUITE 300
City-St-Zip: LONG BEACH, CA 90806

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: EDWARD J. HENNING

VS

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date