

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000006135

**Entity Name:** KABAFUSION HOLDINGS LLC

**Current Principal Place of Business:**

17777 CENTER COURT DRIVE  
SUITE 550  
CERRITOS, CA 90703

**FILED**  
**Jan 11, 2016**  
**Secretary of State**  
**CC3073608210**

**Current Mailing Address:**

17777 CENTER COURT DRIVE  
SUITE 550  
CERRITOS, CA 90703 US

**FEI Number:** 27-3572421

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT, CEO  
Name MASOOD, SOHAIL  
Address 17777 CENTER COURT DRIVE  
SUITE 550  
City-State-Zip: CERRITOS CA 90703

Title MGR, CFO  
Name MERCHANT, SOHAIL  
Address 17777 CENTER COURT DRIVE  
SUITE 550  
City-State-Zip: CERRITOS CA 90703

Title MGR  
Name PACUIN, J.P.  
Address BBH CAPITAL PARTNERS IV C/O  
BROWN BROS HARRIMAN  
140 BROADWAY  
City-State-Zip: NEW YORK NY 10005

Title SECRETARY  
Name MASOOD, ASLAM  
Address 17777 CENTER COURT DRIVE  
SUITE 550  
City-State-Zip: CERRITOS CA 90703

Title MANAGER  
Name SPAFFORD, KENT  
Address BBH CAPITAL PARTNERS IV C/O  
BROWN BROS HARRIMAN  
140 BROADWAY  
City-State-Zip: NEW YORK NY 10005

Title MANAGER  
Name LANGER, BRADLEY M  
Address BBH CAPITAL PARTNERS IV C/O  
BROWN BROS HARRIMAN  
140 BROADWAY  
City-State-Zip: NEW YORK NY 10005

Title MANAGER  
Name DONLAN, JOSEPH P  
Address BBH CAPITAL PARTNERS IV C/O  
BROWN BROS HARRIMAN  
140 BROADWAY  
City-State-Zip: NEW YORK NY 10005

Title MANAGER  
Name YEH, RICHARD  
Address BBH CAPITAL PARTNERS IV C/O  
BROWN BROS HARRIMAN  
140 BROADWAY  
City-State-Zip: NEW YORK NY 10005

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SOHAIL MASOOD

**MANAGER**

**01/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title CHIEF CLINICAL OFFICER  
Name RIGAS, MICHAEL  
Address 17777 CENTER COURT DRIVE  
SUITE 550  
City-State-Zip: CERRITOS CA 90703