

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400006135

Entity Name: KABAFUSION HOLDINGS LLC

Current Principal Place of Business:

17777 CENTER COURT DRIVE
SUITE 550
CERRITOS, CA 90703

FILED
Jan 02, 2018
Secretary of State
CC0315629026

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 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

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

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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

01/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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