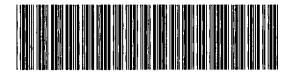
F12000001114

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700223114877

02/28/12--01010--004 **70.00

ZOIZ MAR 13 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.81Nors MAR 1 4. 2012 735



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 29, 2012

ANTHONY C DIKE, MD, FACP 4477 W 118TH ST SUITE 304 HAWTHORNE, CA 90250

SUBJECT: MERIDIAN HEALTH SYSTEMS ACO

Ref. Number: W12000011735

We have received your document for MERIDIAN HEALTH SYSTEMS ACO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 112A00008189

Division of Comparations D.O. DOV 6207 Tallaharana Florida 2001

'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	dings, Inc. corporation; must include "INCORPORATE corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
·	an Health Systems ACO Corporate	on ne adopted for the purpose of transacting business in Florida)
-	•	
2. Colorado (State or country)	under the law of which it is incorporated)	3. <u>52-2133742</u> (FE! number, if applicable)
4. October 13,	•	5. Perpetual
	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. April 1, 201	2	
	•	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
_{7.} 4477 West	118th Street Suite 304 Hawt	horne, California 90250
	(Principal office a	ddress)
4477 Wes	t 118th Street Suite 304, H	
	(Current mailing a	ddress)
8. Health Ca	re Management and Service	e Company
(Purpose(s) of corporation authorized in home state or	
9. Name and stree	et address of Florida registered agent: (F	country to be carried out in state of Florida) ARA O.O. Box NOT acceptable)
Name:	Anthony C. Dike	
Office Address:	4646 Via Del Medico Drive	— CA740
0.1100 1.001033.		<u></u>
	Leesburg (City)	, Florida 34748 (Zip code)
Having been nam designated in this further agree to c	gent's acceptance: led as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my p	vice of process for the above stated corporation at the place stment as registered agent and agree to act in this capacity. Is relative to the proper and complete performance of my duties

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Raymond O. Dike Address: 4477 West 118th Street Suite 304 Hawthorne CA 90250 Vice Chairman: Address: Director: _______ Address: _____ Director: __ Address: **B. OFFICERS** President: Raymond O. Dike Address: 4477 West 118th Street Hawthorne CA 90250 Vice President: Address: ______ Secretary: _ Address: Treasurer: _____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 1) (Ke Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Raymond O Dike

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MERIDIAN HOLDINGS, INC.

is a **Corporation** formed or registered on 10/13/1998 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19981183991.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/12/2012 that have been posted, and by documents delivered to this office electronically through 01/13/2012 @ 11:34:53.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/13/2012 @ 11:34:53 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8138926.



2012 MAR 13 PM 1: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State of the State of Colorado

'*End of Certificate***

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."