

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6381

**From:**  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 205-8842  
 Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AHC Acquisition Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED  
 15 MAR 26 AM 8:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** AHC Acquisition Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Laurie Biegel  
Name (Printed or typed)  
611 Anton Blvd. Ste. 1400  
Address  
Costa Mesa, CA 92626  
City, State & Zip  
714.662.4660  
Daytime Telephone number  
MFoster@ahcusa.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: AHC Acquisition Corporation

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1100 Town & Country RoadOrange, CA 92868**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Health care

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: John Kao, President & Director

Address: 1100 Town & Country Road  
Orange, CA 92868

Name and Title: Michael Foster, Secretary

Address: 1100 Town & Country Road  
Orange, CA 92868

Name and Title: Sergio Zaldivar, Chief Financial Officer & Director

Address: 1100 Town & Country Road  
Orange, CA 92868

Name and Title: Donald Furman, Director

Address: 1100 Town & Country Road  
Orange, CA 92868

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE

(cont)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI Services, Inc.  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Laurie Biegel  
Address: 611 Anton Blvd., Ste. 1400  
Costa Mesa, CA 92626


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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

March 26, 2015  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

3-26-2015  
\_\_\_\_\_  
Date