

P23000071459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

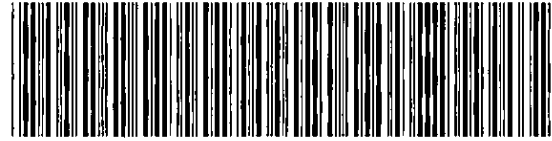
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144 MAY 2023 AM 7:44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2023

ANTHONY C. DIKE, MD
4127 WEST 62ND STREET
LOS ANGELES, CA 90043 US

SUBJECT: MERIDIAN HEALTH SYSTEMS ACO CORPORATION
Ref. Number: W23000127500

We have received your document for and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 823A00021599

COVER LETTER

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

SUBJECT: Meridian Health Systems ACO Corporation

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

| | |
|--|-----------------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | <u>\$ 78.75</u> |
| Total filing fee | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

From: Anthony C. Dike, MD

Name (printed or typed)

4127 West 62nd Street

Address

Los Angeles, California 90043

City, State & Zip

323-434-4626

Daytime Telephone Number

acdike@hotmail.com

E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Anthony C. Dike, MD, CEO
(Name) (Title)

of Meridian Health Systems ACO Corporation, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Meridian Health Systems ACO Corporation
(Foreign Corporation)

2. The jurisdiction and date of its formation is Colorado 03/13/2012

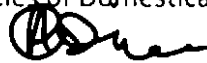
3. The name of the domesticated corporation is Meridian Health Systems ACO Corporation

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.



(Authorized Signature)

2012-03-14 AM 7:44

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Meridian Health Systems ACO Corporation

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
265 Citrus Tower Blvd Suite 206

Clermont Florida 34711

Mailing Address
4127 West 62nd Street

Los Angeles California 90043

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Healthcare and Related service management entity

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Anthony C. Dike, MD

265 Citrus Tower Blvd., Suite 206

Clermont FL 34711

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

8/30/2023

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Anthony C. Dike, MD/CEO

Address: 4127 West 62nd Street
Los Angeles, CA 90043

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am 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.



Signature/Authorized Person

8/30/2023

Date