

## INDEX

### Gary L. Baker M.D. APC dba ADVANCED PAIN SPECIALISTS OF SOUTHERN CALIFORNIA & GARY L. BAKER, M.D.

<b>Exhibit #</b>	<b>Document</b>	<b>File Date</b>
1	The People of the State of California v. Gary Lamont Baker; Case #: 18CF2713	9/24/2018
2	Npi_1902098304 Gary L. Baker M.D. APC dba ADVANCED PAIN SPECIALISTS OF SOUTHERN CALIFORNIA, page 3.	
3	CA Secretary of State (SOS) Articles of Incorporation Gary L. Baker M.D. APC	12/1/2004
4	SOS Statement of Information (SI) Gary L. Baker M.D. APC	9/1/2017
5	SOS SI Gary L. Baker M.D. APC	9/13/2018

# EXHIBIT 1

1 SUPERIOR COURT OF CALIFORNIA  
2 COUNTY OF ORANGE, CENTRAL JUSTICE CENTER

ELECTRONICALLY FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE

09/24/2018  
12:19 PM

DAVID H. YAMASAKI, Clerk of the Court  
18CF2713

6 THE PEOPLE OF THE STATE OF CALIFORNIA, ) FELONY COMPLAINT  
7 ) WARRANT  
8 Plaintiff, )  
9 )  
10 vs. ) No.  
11 ) OCDA HF18070001  
12 GARY LAMONT BAKER 01/31/64 )  
13 C0006368 )  
14 AKA GARY L BAKER )  
15 )  
16 Defendant(s)

15 The Orange County District Attorney charges that in Orange  
16 County, California, the law was violated as follows:

17 COUNT 1: On or about and between January 26, 2016 and June 14,  
18 2018, in violation of Section 2052(b) of the Business and  
19 Professions Code (CONSPIRING IN THE UNAUTHORIZED PRACTICE OF  
20 MEDICINE), a FELONY, GARY LAMONT BAKER did unlawfully conspire  
21 with another to practice, attempt to practice, hold himself or  
22 herself out as practicing a system and mode of treating the sick  
23 and afflicted in the State of California, and conspire with  
24 another to diagnose, treat, operate for, and prescribe for an  
25 ailment, blemish, deformity, disease, disfigurement, disorder,  
26 injury and physical or mental condition of a person without a  
27 valid, unrevoked and unsuspended certificate provided in Chapter  
28 5 of the California Business and Professions Code or obtained in  
accordance with some other provisions of law. It is further  
alleged that pursuant to and for the purpose of carrying out the  
objects and purposes of the conspiracy, one and more of the  
conspirators committed the following overt acts:

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OVERT ACT 1

Thuy Rucks and her company SoberLife USA, hired marketers to recruit patients from sober living homes and treatment facilities to undergo Naltrexone Pellet surgery at a surgery center located at 10900 Warner Ave, Suite 101C, Fountain Valley, California, where Fritz Baumgartner, M.D. was the owner and Medical Director.

OVERT ACT 2

The defendant did not tell the patients at this facility that the surgery was experimental and the Naltrexone Pellets were in facts not approved by the FDA.

COUNT 2: On or about and between January 26, 2016 and February 27, 2017, in violation of Section 550(a)(5) of the Penal Code (INSURANCE FRAUD - WRITTEN CLAIM), a FELONY, GARY LAMONT BAKER, with the intent to defraud, did knowingly and unlawfully prepare, make, and subscribe a material writing, with the intent to present and use it, and to allow it to be presented to HEALTHNET INSURANCE, in support of a false and fraudulent claim, and did aid and abet, and solicit another to do the same.

COUNT 3: On or about and between March 27, 2017 and June 14, 2018, in violation of Section 550(a)(5) of the Penal Code (INSURANCE FRAUD - WRITTEN CLAIM), a FELONY, GARY LAMONT BAKER, with the intent to defraud, did knowingly and unlawfully prepare, make, and subscribe a material writing, with the intent to present and use it, and to allow it to be presented to ANTHEM, in support of a false and fraudulent claim, and did aid and abet, and solicit another to do the same.

COUNT 4: On or about and between February 23, 2016 and March 30, 2017, in violation of Section 550(a)(5) of the Penal Code (INSURANCE FRAUD - WRITTEN CLAIM), a FELONY, GARY LAMONT BAKER, with the intent to defraud, did knowingly and unlawfully prepare, make, and subscribe a material writing, with the intent to present and use it, and to allow it to be presented to ANTHEM, in support of a false and fraudulent claim, and did aid and abet, and solicit another to do the same.

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1 COUNT 5: On or about and between December 27, 2015 and June 29,  
2 2018, in violation of Section 550(a)(5) of the Penal Code  
3 (INSURANCE FRAUD - WRITTEN CLAIM), a FELONY, GARY LAMONT BAKER,  
4 with the intent to defraud, did knowingly and unlawfully  
5 prepare, make, and subscribe a material writing, with the intent  
6 to present and use it, and to allow it to be presented to UNITED  
7 HEALTH CARE, in support of a false and fraudulent claim, and did  
8 aid and abet, and solicit another to do the same.

7 COUNT 6: On or about April 19, 2018, in violation of Section 550  
8 (a)(5) of the Penal Code (INSURANCE FRAUD - WRITTEN CLAIM), a  
9 FELONY, GARY LAMONT BAKER, with the intent to defraud, did  
10 knowingly and unlawfully prepare, make, and subscribe a material  
11 writing, with the intent to present and use it, and to allow it  
12 to be presented to ANTHEM BLUE SHIELD, in support of a false and  
13 fraudulent claim, and did aid and abet, and solicit another to  
14 do the same. (MICHAEL S. (OCDA EVIDENCE 2514) (SURGEON))

13 COUNT 7: On or about June 22, 2017, in violation of Section 245  
14 (a)(4) of the Penal Code (ASSAULT WITH FORCE LIKELY TO PRODUCE  
15 GREAT BODILY INJURY), a FELONY, GARY LAMONT BAKER did willfully  
16 and unlawfully commit an assault upon the person of THOMAS V. by  
17 means of force likely to produce great bodily injury.

17 I declare under penalty of perjury, on information and belief,  
18 that the foregoing is true and correct.

19 Dated 09-24-2018 at Orange County, California.  
20 KS/AC 18F00398

21 TONY RACKAUCKAS, DISTRICT ATTORNEY

22  
23 by: /s/ SHADDI KAMIABIPOUR  
24 SHADDI KAMIABIPOUR, Deputy District Attorney

25 RESTITUTION CLAIMED

26 [ ] None  
27 [ ] \$ \_\_\_\_\_  
28 [ X ] To be determined

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BAIL RECOMMENDATION:

GARY LAMONT BAKER - \$ 100,000.00

NOTICES:

The People request that defendant and counsel disclose, within 15 days, all of the materials and information described in Penal Code section 1054.3, and continue to provide any later-acquired materials and information subject to disclosure, and without further request or order.

Pursuant to Welfare & Institutions Code §827 and California Rule of Court 5.552, notice is hereby given that the People will seek a court order to disseminate the juvenile case file of the defendant/minor, if any exists, to all parties in this action, through their respective attorneys of record, in the prosecution of this case.

SUPERIOR COURT OF THE STATE OF CALIFORNIA,  
COUNTY OF ORANGE

**MINUTES**

Case : 18CF2713 F A

Name : Baker, Gary Lamont

Date of Action	Seq Nbr	Code	Text
09/24/18	1	FLDOC	<b>Original Complaint filed on 09/24/2018 by Orange County District Attorney.</b>
	2	FLNAM	Name filed: Baker, Gary Lamont
	3	FLCNT	FELONY charge of 2052(b) BP filed as count 1. Date of violation: 01/26/2016.
	4	FLCNT	FELONY charge of 550(a)(5) PC filed as count 2. Date of violation: 01/26/2016.
	5	FLCNT	FELONY charge of 550(a)(5) PC filed as count 3. Date of violation: 03/27/2017.
	6	FLCNT	FELONY charge of 550(a)(5) PC filed as count 4. Date of violation: 02/23/2016.
	7	FLCNT	FELONY charge of 550(a)(5) PC filed as count 5. Date of violation: 12/27/2015.
	8	FLCNT	FELONY charge of 550(a)(5) PC filed as count 6. Date of violation: 04/19/2018.
	9	FLCNT	FELONY charge of 245(a)(4) PC filed as count 7. Date of violation: 06/22/2017.
	10	FI959	Accusatory pleading filed by the prosecutor pursuant to Penal Code section 959.1.
	12	FIFCI2	Crime Report filed.
	13	FIFCI2	Declaration/Affidavit in Support of Arrest filed.
	14	WAARS	Felony Warrant of Arrest requested.
	15	WAWTS	Walk-through warrant submitted for bail amount and signature.
	16	WAWSD	Warrant of Arrest warrant signed by Gary M Pohlon and issued for defendant. Night Service: No. Expedite: Yes. PC 853.6: Yes. Bail set at \$100, 000.00, Mandatory Appearance.
	17	WAANR	Arresting agency is ordered NOT to release defendant pursuant to Penal Code 853.6. The Court finds defendant is not eligible for release on a citation or other promise to appear pursuant to Penal Code 827.1(k).
	19	WFNBR	Warrant File Number 03980548 sent from AWSS for Warrant # 3237410.
09/27/18	1	CLTXT	<b>Attorney John Drumond Barnett requested to place case on calendar.</b>
	2	CLCST	<b>Arraignment set on 09/27/2018 at 08:30 AM in Department C57.</b>

SUPERIOR COURT OF THE STATE OF CALIFORNIA,  
COUNTY OF ORANGE

**MINUTES**

Case : 18CF2713 F A

Name : Baker, Gary Lamont

Date of Action	Seq Nbr	Code	Text
09/27/18	3	HHELD	Hearing held on 09/27/2018 at 08:30:00 AM in Department C57 for Arraignment.
	4	OFJUD	Judicial Officer: Jeannie Joseph, Judge
	5	OFJA	Clerk: D. Boyle
	6	OFBAL	Bailiff: B. Franklin
	7	OFREP	Court Reporter: LaVette Henningham
	8	APDDA	People represented by Hope G Callahan, Deputy District Attorney, present.
	9	APDWRA	Defendant present in Court with counsel John D. Barnett, Retained Attorney.
	10	WAREC	Warrant issued on 09/24/2018 ordered recalled for defendant.
	11	DFTNC	Defendant states true name is correct as charged.
	12	FIFPC	Fingerprint card is received and filed.
	13	FITXT	Discovery Protective Order filed.
	14	CLCON	<b>Arraignment continued to 11/13/2018 at 08:30 AM in Department C57 at request of Defense.</b>
	15	DFOTR	Defendant ordered to return.
	16	WVRAT	Defendant waives the right to be arraigned today.
	17	PLCJN	Counsel joins in waivers.
	18	MOTBY	Oral motion by People to set bail at \$100, 000 with conditions.
	19	MOTION	Motion argued.
	20	BLTXT	The court has considered the statutorily enumerated factors in PC 1270.1 and 1275. The court considered both defendant's ability to pay and possible non-monetary alternatives to money bail to ensure the defendant's future appearance and danger to the community. The court is applying the clear and convincing standard to the application of non-monetary alternatives to setting bail.
	21	BLSET	Court orders bail set in the amount of \$25, 000.00.
	22	BLCWR	Bail deemed sufficient and continued when received.
	23	BLCND	Defendant is released on bail on the condition Violate no law; Make all court appearances; Relinquish passport; Do not participate in, pay anyone to participate in, or perform any procedure involving Naltrexone.
	24	TEXT	Defendant to remain in the courtroom until bond is posted

SUPERIOR COURT OF THE STATE OF CALIFORNIA,  
COUNTY OF ORANGE

**MINUTES**

Case : 18CF2713 F A

Name : Baker, Gary Lamont

Date of Action	Seq Nbr	Code	Text
09/27/18	25	BBPST	Bail Bond Number 2018-CC-020777 posted in the amount of \$25000.00 by HART of LNIC.
	26	FIBND	<b>Surety Bond # 2018-CC-020777 filed.</b>
	27	BLRMC	Bond received via counter from Hart Bail Bonds.
	28	BLBDAT	Appearance date on Bond/Cash Bail receipt is 11/13/2018.
	29	CPFTO	The clerk this date has forwarded a copy of Passport to Clerks office.
10/30/18	1	CLTRAN	<b>Calendar Line for ARGN transferred from C57 on 11/13/2018 at 08:30 AM to C55 on 11/13/2018 at 08:30 AM.</b>
11/13/18	1	HHELD	<b>Hearing held on 11/13/2018 at 08:30:00 AM in Department C55 for Arraignment.</b>
	2	OFJUD	Judicial Officer: Nancy E Zeltzer, Judge
	3	OFJA	Clerk: K. Hubbard
	4	OFBAL	Bailiff: B. Franklin
	5	OFREP	Court Reporter: LaVette Henningham
	6	APDDA	People represented by Hope G Callahan, Deputy District Attorney, present.
	7	APDWRA	Defendant present in Court with counsel John D. Barnett, Retained Attorney.
	8	WVRAT	Defendant waives the right to be arraigned today.
	9	CLCON	<b>Arraignment continued to 01/25/2019 at 08:30 AM in Department C55 at request of Defense.</b>
	10	DFOTR	Defendant ordered to return.
	11	BLCND	Defendant is released on bail on the condition Violate no law; Make all court appearances; Relinquish passport; Do not participate in, pay anyone to participate in, or perform any procedure involving Naltrexone..
	12	BLPBS	Present bail deemed sufficient and continued.
	13	OFMCD	Minutes entered by E. Flores on 11/13/2018.
01/10/19	1	CLTRAN	<b>Calendar Line for ARGN transferred from C55 on 01/25/2019 at 08:30 AM to C57 on 01/25/2019 at 08:30 AM.</b>
01/25/19	1	HHELD	<b>Hearing held on 01/25/2019 at 08:30:00 AM in Department C57 for Arraignment.</b>

SUPERIOR COURT OF THE STATE OF CALIFORNIA,  
COUNTY OF ORANGE

**MINUTES**

Case : 18CF2713 F A

Name : Baker, Gary Lamont

Date of Action	Seq Nbr	Code	Text
01/25/19	2	OFJUD	Judicial Officer: Kathleen Roberts, Judge
	3	OFJA	Clerk: E. Figueroa
	4	OFBAL	Bailiff: F. Gutierrez
	5	OFREP	Court Reporter: Melissa Watanabe
	6	APDDA	People represented by Hope G Callahan, Deputy District Attorney, present.
	7	APDWRA	Defendant present in Court with counsel John D. Barnett, Retained Attorney.
	8	CPACK	Counsel acknowledges receipt of the charging document.
	9	WVRAA	Defendant waives reading and advisement of the Original Complaint.
	10	PLNGA	<b>To the Original Complaint defendant pleads NOT GUILTY to all counts.</b>
	11	MORES	Defense reserves all motions.
	12	DFSFC	Defendant invokes state, federal and constitutional rights.
	13	DFIRD	Informal request for discovery made by Defense.
	14	CLSET	<b>Pre Trial set on 03/08/2019 at 08:30 AM in Department C57.</b>
	15	DFOTR	Defendant ordered to appear.
	16	BLCND	Defendant is released on bail on the condition Violate no law; Make all court appearances; Relinquish passport; Do not participate in, pay anyone to participate in, or perform any procedure involving Naltrexone...
	17	BLPBS	Present bail deemed sufficient and continued.
	18	CPGTO	Copy of Complaint mailed to Department of Health Care Services, attn: R. Mckaughan.
03/08/19	1	HELD	<b>Hearing held on 03/08/2019 at 08:30:00 AM in Department C57 for Pre Trial.</b>
	2	OFJUD	Judicial Officer: Kathleen Roberts, Judge
	3	OFJA	Clerk: E. Figueroa
	4	OFBAL	Bailiff: A. Rodriguez
	5	OFREP	Court Reporter: Melissa Watanabe
	6	APDDA	People represented by Hope G Callahan, Deputy District Attorney, present.
	7	APDWRA	Defendant present in Court with counsel John D. Barnett, Retained Attorney.

SUPERIOR COURT OF THE STATE OF CALIFORNIA,  
COUNTY OF ORANGE

**MINUTES**

**Case :** 18CF2713 F A

**Name :** Baker, Gary Lamont

Date of Action	Seq Nbr	Code	Text
03/08/19	8	CLCON	<b>Pre Trial continued to 05/23/2019 at 08:30 AM in Department C57 at request of Defense.</b>
	9	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	10	DFOTR	Defendant ordered to appear.
	11	BLCND	Defendant is released on bail on the condition Violate no law; Make all court appearances; Relinquish passport; Do not participate in, pay anyone to participate in, or perform any procedure involving Naltrexone..
	12	BLPBS	Present bail deemed sufficient and continued.
	13	OFMCD	Minutes entered by L. Manrique on 03/08/2019.



I hereby certify the foregoing instrument consisting of 9 page(s)  
is a true and correct copy of the original on file in this court.

**MAR 15 2019**

ATTEST: (DATE)  
DAVID H. YAMAZAKI, EXECUTIVE OFFICER AND CLERK OF THE  
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE

BY *L. Manrique* DEPUTY

# EXHIBIT 2

**1902098304**

**GARY L BAKER MD A PROFESSIONAL CORPORATION  
National Provider Identifiers Registry**

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

**1902098304 GARY L BAKER MD A PROFESSIONAL CORPORATION**

<i>NPI</i>	1902098304	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<i>Entity Type</i>	Organization	Code describing the type of health care provider that is being assigned an NPI. Codes are: <ul> <li>1 = (Person): individual human being who furnishes health care;</li> <li>2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).</li> </ul>
<i>Employer Identification Number (EIN)</i>	N/A	The Employer Identification Number (EIN), assigned by the IRS, of the provider being identified. An Employer Identification Number (EIN) is assigned by the Internal Revenue Service (IRS) to identify a business entity. It may or may not be that business entity's Taxpayer Identification Number (TIN). An SSN should not be entered in the EIN field.

<i>Is Organization Subpart</i>	N	<p>The "Is the organization a subpart?" question must be answered. If the organization is a subpart, the Parent Organization Legal Business Name (LBN) and Parent Organization Taxpayer Identification Number (TIN) fields must be completed. The Parent Organization LBN and TIN fields can only be completed if the answer to the subpart question is Yes.</p> <p>Many organization health care providers who apply for NPIs are not legal entities themselves but are parts of other organization health care providers that are legal entities (the "parents").</p> <p>Here are three examples of organization health care providers that may be considered subparts and may apply for NPIs if so directed by their "parents":</p> <p>(1) The psychiatric unit in a hospital is not a legal entity but is part of the hospital (the "parent"), which is a legal entity. The legal entity must obtain an NPI. The psychiatric unit is an example of a subpart that could have its own NPI if the hospital determines that it should.</p> <p>(2) A group practice that is not a sole proprietorship has a main location and could have other offices in different locations, but each office is not a separate legal entity; instead, each office is part of the corporation (the "parent") which is a legal entity. The offices are examples of subparts that could have their own NPIs if the main location determines that they should.</p> <p>(3) A pharmacy fills prescriptions for patients whose physicians have prescribed medications for them and may also rent or sell durable medical equipment to patients whose physicians have ordered such equipment for them. Neither the pharmacy line of business nor the DME line of business represent legal entities; instead, both lines of business are part of an organization (the "parent") that is a legal entity. Each line of business represents a different Healthcare Provider Taxonomy or area of specialization that often submits its own electronic claims to health plans.</p> <p>The "parent"-we don't know who the parent is in this example-must ensure that each subpart that submits its own claims to health plans has its own NPI.</p>
<i>Provider Organization Name (Legal Business Name)</i>	GARY L BAKER MD A PROFESSIONAL CORPORATION	Provide organization name (legal business name used to file tax returns with the IRS). The Organization Name field allows the following special characters: ampersand, apostrophe, "at" sign, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters.
<i>Provider Other Organization Name</i>	ADVANCED PAIN SPECIALISTS OF SOUTHERN CALIFORNIA	Other name by which the organization provider is or has been known.
<i>Provider Other Organization Name Type Code</i>	3	Code identifying the type of other name. Codes are: 1 = former name; 2 = professional name; 3 = doing business as (d/b/a) name; 4 = former legal business name; 5 = other.

<i>Provider First Line Business Mailing Address</i>	5750 DOWNEY AVE	The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".
<i>Provider Second Line Business Mailing Address</i>	SUITE 306	The second line mailing address of the provider being identified. This data element may contain the same information as "Provider second line location address".
<i>Provider Business Mailing Address City Name</i>	LAKWOOD	The City name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address City name".
<i>Provider Business Mailing Address State Name</i>	CA	The State or Province name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address State name".
<i>Provider Business Mailing Address Postal Code</i>	90712-1480	The postal ZIP or zone code in the mailing address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available. This data element may contain the same information as "Provider location address postal code".
<i>Provider Business Mailing Address Country Code</i>	US	The country code in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address country code".
<i>Provider Business Mailing Address Telephone Number</i>	562-408-4636	The telephone number associated with mailing address of the provider being identified. This data element may contain the same information as "Provider location address telephone number".
<i>Provider Business Mailing Address Fax Number</i>	562-408-2684	The fax number associated with the mailing address of the provider being identified. This data element may contain the same information as "Provider location address fax number".
<i>Provider First Line Business Practice Location Address</i>	5750 DOWNEY AVE	The first line location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.
<i>Provider Second Line Business Practice Location Address</i>	SUITE 306	The second line location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.
<i>Provider Business Practice Location Address City Name</i>	LAKWOOD	The city name in the location address of the provider being identified.
<i>Provider Business Practice Location Address State Name</i>	CA	The State or Province name in the location address of the provider being identified.
<i>Provider Business Practice Location Address Postal Code</i>	90712-1405	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.

<i>Provider Business Practice Location Address Country Code</i>	US	The country code in the location address of the provider being identified.
<i>Provider Business Practice Location Address Telephone Number</i>	562-408-4636	The telephone number associated with the location address of the provider being identified.
<i>Provider Business Practice Location Address Fax Number</i>	562-408-2684	The fax number associated with the location address of the provider being identified.
<i>Provider Enumeration Date</i>	08/10/2007	The date the provider was assigned a unique identifier (assigned an NPI).
<i>Last Update Date</i>	08/13/2013	The date that a record was last updated or changed.
<i>Authorized Official Last Name</i>	BAKER	The last name of the person authorized to submit the NPI application or to change NPS data for a health care provider.
<i>Authorized Official First Name</i>	GARY	The first name of the authorized official
<i>Authorized Official Middle Name</i>	LAMONT	The middle name of the authorized official
<i>Authorized Official Title or Position</i>	DIRECTOR/OWNER	The title or position of the authorized official
<i>Authorized Official Name Prefix Text</i>	DR.	Authorized Official Name Prefix Text
<i>Authorized Official Credential Text</i>	M.D.	Authorized Official Credential Text
<i>Authorized Official Telephone Number</i>	562-408-4636	The 10-position telephone number of the authorized official.
<i>Healthcare Provider Taxonomy Code #1</i>	174400000X	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.
<i>Healthcare Provider Taxonomy 1</i>	Specialist	Healthcare Provider Taxonomy #1
<i>Healthcare Provider Primary Taxonomy Switch 1</i>	Y	Primary Taxonomy: <ul> <li>X - The primary taxonomy switch is Not Answered;</li> <li>Y - The taxonomy is the primary taxonomy (there can be only one per NPI record);</li> <li>N - The taxonomy is not the primary taxonomy.</li> </ul>

<i>Other Provider Identifier 1</i>	DO480A	Other Provider Identifier #1
<i>Other Provider Identifier Type 1</i>	OTHER	Other Provider Identifier Type #1
<i>Other Provider Identifier State 1</i>	CA	Other Provider Identifier State #1
<i>Other Provider Identifier Issuer 1</i>	OTHER MEDICARE GROUP NUMBER	Other Provider Identifier Issuer #1
<i>Other Provider Identifier 2</i>	W19147	Other Provider Identifier #2
<i>Other Provider Identifier Type 2</i>	OTHER	Other Provider Identifier Type #2
<i>Other Provider Identifier State 2</i>	CA	Other Provider Identifier State #2
<i>Other Provider Identifier Issuer 2</i>	MEDICARE GROUP NUMBER	Other Provider Identifier Issuer #2
<i>Healthcare Provider Taxonomy Group 1</i>	193400000X SINGLE SPECIALTY GROUP	Healthcare Provider Taxonomy Group 1
<i>Healthcare Provider Taxonomy Group Description 1</i>	Single Specialty Group - A business group of one or more individual practitioners, all of who practice with the same area of specialization.	Healthcare Provider Taxonomy Group Description 1

NPPES National Plan & Enumeration System  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY)  
NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059  
Email: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

For all questions regarding this bundle please contact [Support@HIPAASpace.com](mailto:Support@HIPAASpace.com). Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at <http://www.hipaaspace.com>.

Alex Padilla  
California Secretary of State

## Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Thursday, March 21, 2019. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

### C2710158 GARY L. BAKER, M.D., A PROFESSIONAL CORPORATION

<b>Registration Date:</b>	12/01/2004
<b>Jurisdiction:</b>	CALIFORNIA
<b>Entity Type:</b>	DOMESTIC STOCK
<b>Status:</b>	ACTIVE
<b>Agent for Service of Process:</b>	BRENT MEYER 16133 VENTURA BLVD., SUITE 625 ENCINO CA 91436
<b>Entity Address:</b>	16133 VENTURA BLVD., SUITE 625 ENCINO CA 91436
<b>Entity Mailing Address:</b>	16133 VENTURA BLVD., SUITE 625 ENCINO CA 91436

A Statement of Information is due EVERY year beginning five months before and through the end of December.

Document Type	↕	File Date	↕	PDF
SI-COMPLETE		09/13/2018		
SI-COMPLETE		09/01/2017		
REGISTRATION		12/01/2004		

\* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Frequently Asked Questions](#).

[Modify Search](#)

[New Search](#)

[Back to Search Results](#)

# EXHIBIT 3

**FILED**  
In the office of the Secretary of State  
of the State of California

DEC - 1 2004

  
KEVIN SHELLEY, SECRETARY OF STATE

**ARTICLES OF INCORPORATION**  
**OF**  
**GARY L. BAKER, M.D., A PROFESSIONAL CORPORATION**

1.

The name of this Corporation is "Gary L. Baker, M.D., A Professional Corporation."

2.

The purpose of the corporation is to engage in the profession of medicine and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations.

3.

The name and address in the State of California of this corporation's initial agent for service of process is:

Robert C. Norton  
16633 Ventura Boulevard, Suite 1401  
Encino, CA 91436

4.

This corporation is authorized to issue only one class of shares of stock and the total number of shares which this corporation is authorized to issue is One Hundred Thousand (100,000).

5.

This corporation is a professional corporation within the meaning of Part 4, Division 3, Title 1 of the California Corporations Code.

6.

The corporation is authorized to provide indemnification of agents (as defined in Section 317 of the Corporations Code) for breach of duty to the corporation and its stockholders through bylaw provisions or through agreements with the agents, or both, in excess of the indemnification otherwise permitted by Section 317 of the Corporations Code, subject to the limits on such excess indemnification set forth in Section 204 of the Corporations Code.

Dated: November 30, 2004

  
\_\_\_\_\_  
ROBERT C. NORTON, Incorporator

# EXHIBIT 4



# State of California Secretary of State

S

## Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

FQ79159

**FILED**

In the office of the Secretary of State  
of the State of California

SEP-01 2017

**1. CORPORATE NAME**

GARY L. BAKER, M.D., A PROFESSIONAL CORPORATION

**2. CALIFORNIA CORPORATE NUMBER**

C2710158

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

**3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 17**.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE
8. SECRETARY GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/ GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS BRENT MEYER				
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE	
16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436				

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
MEDICAL AND DENTAL

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

09/01/2017      ERIKA EASTER      AUTHORIZED PERSON  
DATE      TYPE/PRINT NAME OF PERSON COMPLETING FORM      TITLE      SIGNATURE

# EXHIBIT 5



# State of California Secretary of State

S

## Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

G038881

**FILED**

In the office of the Secretary of State  
of the State of California

SEP-13 2018

**1. CORPORATE NAME**

GARY L. BAKER, M.D., A PROFESSIONAL CORPORATION

**2. CALIFORNIA CORPORATE NUMBER**

C2710158

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

**3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

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**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE
8. SECRETARY GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/ GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME GARY L. BAKER	ADDRESS 16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS BRENT MEYER				
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE	
16133 VENTURA BLVD., SUITE 625, ENCINO, CA 91436				

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
MEDICAL/DENTAL

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

09/13/2018      ERIKA EASTER      AUTHORIZED PERSON  
DATE      TYPE/PRINT NAME OF PERSON COMPLETING FORM      TITLE      SIGNATURE