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MID-VALLEY IMAGING & SAM SOLAKYAN

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1	CA Secretary of State: Statement of Information: Mid-Valley Imaging	11/28/2011
2	CA Secretary of State: Statement of Information: Mid-Valley Imaging	11/18/2016
3	CA Secretary of State: Limited Liability Company Articles of Organization-Conversion: Mid-Valley Imaging	12/31/2014
4	CA Secretary of State: Statement of Information: Mid-Valley Imaging	5/4/2016
5	CA Secretary of State: Statement of Information: Mid-Valley Imaging	11/22/2016
6	CA Secretary of State: Articles of Organization of a Limited Liability Company (LLC): Capital Edge Holdings	3/20/2015
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10	CA Secretary of State: Statement of Information: Access Integrated Health Care	3/30/2017
11	CA Secretary of State: Statement of Information: Columbus Capital	4/19/2016
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SEALED
9/27/18 aef
UNSEALED PER ORDER OF COURT

FILED
18 SEP 25 PM 3:12
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY: VRC DEPUTY

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

April 2018 Grand Jury

UNITED STATES OF AMERICA, Plaintiff, v. SAM SARKIS SOLAKYAN, Defendant.	Case No. 18 CR 4163 BAS I N D I C T M E N T Title 18, U.S.C., Sec. 1349 - Conspiracy to Commit Honest Services Mail Fraud and Health Care Fraud; Title 18, U.S.C., Secs. 1341 and 1346 - Honest Services Mail Fraud; Title 18, U.S.C., Sec. 2 - Aiding and Abetting; Title 18, U.S.C., Sec. 981(a)(1)(C), and Title 28, U.S.C., Sec. 2461(c) - Criminal Forfeiture

The grand jury charges, at all times relevant:

INTRODUCTORY ALLEGATIONS

DEFENDANT AND OTHER PARTICIPANTS

1. Defendant SAM SARKIS SOLAKYAN ("SOLAKYAN") was the President, Chief Executive Officer, Secretary, Chief Financial Officer, and only director of record of Vital Imaging, Inc., with a primary business address in Glendale, California. He was also the President, CEO, CFO, and a director of San Diego MRI Institute, which had an address of record in Burbank, California, but provided services to patients at a location on Ruffin Road in San Diego. Defendant was the Chairman of the Board and Secretary of Global Holdings, LLC and Empire Radiology, LLC, both of which reported a primary business address in Glendale, California.

cc: Pretrial

VHC:CPH:FAS(1):nlv:San Diego
9/25/18

1 RMC

In addition, defendant owned and controlled other companies, including Access Integrated Healthcare, LLC, d.b.a AIH Imaging; Access Imaging, LLC; Paramount Management Services, LLC; and Capital Edge Holdings, LLC (all together, "Solakyan's Companies"). Through Solakyan's Companies, defendant operated diagnostic screening facilities that, among other services, conducted Magnetic Resonance Imaging ("MRI") scans. Defendant operated diagnostic imaging facilities throughout California, including in Richmond, Hayward, San Jose, Garden Grove, Anaheim, Burbank, and San Diego.

2. Dr. Steven Rigler (charged elsewhere) was a chiropractor licensed to practice in California, who operated three clinics in the Southern District of California specializing in chiropractic medicine.

3. Alexander Martinez (charged elsewhere) managed Dr. Rigler's clinics, first in Calexico, then also in San Diego and Escondido, and, in that capacity, controlled (on Dr. Rigler's behalf) the referral of patients to ancillary service providers.

4. Fermin Iglesias and Carlos Arguello (both charged elsewhere) recruited injured workers to seek Workers' Compensation benefits in the state of California. Iglesias and Arguello controlled and operated multiple entities, including Providence Scheduling, Inc., MedEx Solutions, Inc., Meridian Medical Resources, Inc. d.b.a. Meridian Rehab Care, and Prime Holdings, Int., Inc.

PHYSICIANS' DUTY TO THEIR PATIENTS

5. Physicians, including doctors, surgeons, and chiropractors, owed a fiduciary duty to their patients. This duty required that physicians act in their patients' best interests, and not for their own professional, pecuniary, or personal gain. Under California law, a physician had a fiduciary duty to disclose all information material to

the patient's decision when soliciting a patient's consent to a medical procedure; such information included personal interests unrelated to the patient's health, whether research or economic, that might affect the physician's professional judgment. Accepting kickbacks, bribes, and referral fees without the patient's consent was a breach of a physician's fiduciary duty to his patient.

CALIFORNIA WORKERS' COMPENSATION SYSTEM

6. The California Workers' Compensation System ("CWCS") required employers in California to provide Workers' Compensation benefits to employees for qualifying injuries sustained in the course of employment. Under the CWCS, all claims for payments for services or benefits provided to the injured employee, including medical and legal fees, were billed directly to, and were paid by, the insurer. If the insurer did not pay, the provider could file a lien against the employee's Workers' Compensation claim, which accrued interest until paid in an amount ordered by the Workers' Compensation Appeals Board ("WCAB") or as negotiated between the insurer and the provider.

7. The CWCS required claims administrators to authorize and pay for medical care that was "reasonably required to cure or relieve the injured worker from the effects of his or her injury," and included medical, surgical, chiropractic, acupuncture, and hospital treatment.

8. The CWCS and private and public CWCS insurers were "health care benefit programs" under Title 18, United States Code, Section 24, that is, a public or private plan or contract, affecting commerce, under which any medical benefit, item, or service was provided to an individual, and any individual or entity who provided a medical benefit, item or service for which payment may be made under the plan or contract.

9. Effective January 1, 2012, California Labor Code Section 139.3 made it a crime for a physician to refer Workers' Compensation patients for a variety of medical goods and services, including diagnostic imaging services and pharmacy goods, to an entity in which that physician had a financial interest. A financial interest included any remuneration, rebate, subsidy, or other form of direct or indirect payment.

10. According to California Labor Code Section 3209.3, the term "physician" in the Labor Code included physicians and surgeons holding an M.D. or D.O. degree, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law.

Count 1

CONSPIRACY TO COMMIT HONEST SERVICES MAIL FRAUD AND HEALTH CARE FRAUD
18 U.S.C. § 1349

11. Paragraphs 1 through 10 of this Indictment are realleged and incorporated by reference.

12. Beginning on a date unknown no later than mid-2013, and continuing through at least November 2016, within the Southern District of California and elsewhere, defendant SAM SARKIS SOLAKYAN intentionally conspired with Dr. Steven Rigler, Fermin Iglesias, Providence Scheduling, Medex Solutions, Carlos Arguello, Alexander Martinez, and others to:

a. commit Honest Services Mail Fraud, that is, to knowingly and with the intent to defraud, devise and participate in a material scheme to defraud and to deprive patients of the intangible right to their physicians' honest services, and for the purpose of executing such scheme, mail and cause to be mailed via the U.S. Postal Service any

matter and thing, in violation of Title 18, United States Code, Sections 1341 and 1346; and

b. commit Health Care Fraud, that is, to knowingly and with the intent to defraud, devise and participate in a material scheme to defraud a health care benefit program, and to obtain money and property owned by, and under the custody and control of, a health care benefit program, by means of false and fraudulent pretenses, representations, and promises, in violation of Title 18, United States Code, Section 1347.

FRAUDULENT PURPOSE

13. It was the goal of the conspiracy for defendant to fraudulently obtain money from health care benefit programs for services provided to Workers' Compensation patients that defendant procured by paying bribes and kickbacks to the referring physicians.

MANNER AND MEANS

14. The conspirators used the following manner and means, among others, in pursuit of their fraudulent purpose:

a. It was a part of the conspiracy that defendant and his conspirators offered to pay, and paid, compensation to physicians (and those acting on their behalf) to refer Workers' Compensation patients to Solakyan's Companies for MRI and other services.

b. It was a further part of the conspiracy that the compensation the co-conspirators offered to physicians in exchange for their referrals consisted of either a steady supply of new patients (the "cross-referral" method), or direct payments ("cash" method).

c. It was a further part of the conspiracy that the co-conspirators obscured the true nature of their financial relationships in order to conceal their corrupt kickback and bribery scheme, including by entering into various sham agreements such as contracts for

"marketing," "administrative services," and "scheduling," when in reality the money paid by defendant amounted to volume-based, per-scan bribes and kickbacks to induce physicians to refer patients to Solakyan's Companies.

d. It was a further part of the conspiracy that, as part of the cross-referral method, Iglesias and Arguello required physicians to refer patients for a minimum number of ancillary medical services and goods in order for the conspirators to send new patients to the physician.

e. It was a further part of the conspiracy that if the physician failed to meet the minimum quota, co-conspirators Iglesias and Arguello stopped referring new patients to that physician, notwithstanding any "marketing" or other agreement they had entered into on paper to justify the referral of new patients to that physician.

f. It was a further part of the conspiracy that, over the course of their scheme, defendant, using bank accounts in the names of Global Holdings and Empire Radiology, paid Iglesias and Arguello, through their company MedEx, over $8.8 million to obtain MRI referrals from physicians compensated by Iglesias and Arguello.

g. It was a further part of the conspiracy that defendant also paid physicians, including Dr. Rigler, cash for each MRI scan referred to Solakyan's Companies.

h. It was a further part of the conspiracy that defendant paid a fee for each scan that the physician referred, thereby creating an incentive for the physician to recommend more scans than necessary for the patient.

i. It was a further part of the conspiracy that defendant caused MRI scans to be conducted at San Diego MRI Institute, located at

5395 Ruffin Road, Suite 100, in San Diego, to serve patients referred by San Diego physicians, including Dr. Rigler.

j. It was a further part of the conspiracy that defendant's companies, including San Diego MRI Institute and Vital Imaging, sent via U.S. mail, claims for reimbursement to CWCS insurers, for services provided to patients whose referrals had been procured through unlawful kickbacks and bribes to the referring physician.

k. It was a further part of the conspiracy that the co-conspirators concealed from patients, and intended to cause the physicians to conceal from patients, the bribe and kickback payments, in violation of those physicians' fiduciary duties to their patients and in violation of California law.

l. It was a further part of the conspiracy that the co-conspirators concealed from insurers, and intended to cause the physicians to conceal from insurers, the bribe and kickback payments, which would have rendered the claims for reimbursement unpayable under California law.

m. It was a further part of the conspiracy that defendant and his co-conspirators knew and intended that the referring physicians, including Dr. Rigler, would submit false statements to health care benefit programs, including certifications of compliance with California Labor Code Section 139.3, that is, that the physician had no financial interest in the entity that received the referral, when in reality defendant and his co-conspirators were compensating the physicians via the cross-referral and cash methods.

n. It was a further part of the conspiracy that defendant filed liens, and intended to file liens, through Solakyan's Companies,

to collect payment on claims for ancillary medical services procured through the payment of bribes and kickbacks.

o. It was a further part of the conspiracy that defendant submitted and caused to be submitted over $284 million in claims for ancillary medical services procured through the payment of bribes and kickbacks.

OVERT ACTS

15. In furtherance of the conspiracy and in order to effect the objects thereof, defendant and others committed or caused the commission of the following overt acts within the Southern District of California and elsewhere:

a. In late 2011 or early 2012, defendant agreed with Iglesias and Arguello that defendant would pay Iglesias and Arguello for each scan referred by MedEx and completed by one of Solakyan's Companies, knowing and intending that Iglesias and Arguello would obtain the patients by paying bribes and kickbacks to the referring physicians.

a. On or about January 1, 2012, defendant, through his company Global Holdings, Inc., and Iglesias, on behalf of Medex, entered into a "Scheduling Services Agreement," which supposedly required Medex to schedule patients and collect paperwork from referring physicians, at a rate of $200.00 per patient.

b. In or about August 2013, Iglesias, Arguello, and Julian Garcia (charged elsewhere) agreed to send Workers' Compensation patients to Dr. Rigler's San Diego and Escondido clinics if Dr. Rigler, in turn, referred those applicants for a certain quota of ancillary procedures and Durable Medical Equipment ("DME") from providers designated by Iglesias and Arguello, including, for MRI scans, Solakyan's Companies.

c. On or about September 10, 2013, defendant issued a check in the amount of $93,650.00 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

d. On or about October 8, 2013, defendant issued a check in the amount of $310,500 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

e. On or about November 8, 2013, defendant issued a check in the amount of $273,300 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

f. On or about December 6, 2013, defendant issued a check in the amount of $346,800 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

g. On or about January 2, 2014, defendant issued a check in the amount of $300,000 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

h. On or about January 24, 2014, defendant issued a check in the amount of $425,650 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

i. On or about March 1, 2014, defendant, through his company Global Holdings, Inc., and Iglesias, on behalf of Medex, entered into a "Outsourced Administrative Services Agreement," which replaced their prior Scheduling Services Agreement, and which required Medex to collect paperwork from physicians, coordinate with insurance companies, and schedule patients, in exchange for $50 per MRI scan.

j. On each of March 13, March 25, and April 8, 2014, defendant issued checks in the amount of $100,000 from an account in

the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

k. On or about July 2, 2014, defendant issued a check in the amount of $160,000 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

l. On or about July 29, 2014, defendant issued a check in the amount of $100,000 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

m. On or about October 2, 2014, defendant issued a check in the amount of $243,200 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

n. On or about October 31, 2014, defendant issued a check in the amount of $217,800 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

o. On or about December 8, 2014, defendant issued a check in the amount of $115,950 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

p. On or about January 22, 2015, defendant and Dr. Rigler discussed defendant paying cash directly to Dr. Rigler for patient referrals, in addition to the cross-referral method then in place with MedEx.

q. On or about January 22, 2015, while discussing how defendant could compensate Dr. Rigler for patient referrals, defendant acknowledged that MedEx already was compensating Dr. Rigler via the cross-referral method by supplying new patients to Dr. Rigler: "The only thing is, you know, obviously, your case volume, how, how do we reciprocate because you don't have . . . like with Fermin [Iglesias] . . . he has new cases [to offer you]."

r. On or about January 22, 2015, defendant proposed paying Dr. Rigler cash for each scan referred to one of Solakyan's Companies: "But we can work something out where, you know, it's about, generally it's about forty bucks, fifty bucks per scan."

s. On or about January 22, 2015, defendant proposed the following bribe or kickback fee structure to Dr. Rigler: "[T]his is very cut and dry. It's per scan, per body part . . . three, uh, uh, three body parts per patient. Hundred, one-fifty, I mean everything's just very bam, bam, bam."

t. On or about February 10, 2015, defendant advised his executives in an email that, "We should go through each referral source and tag them with in-house contacts as handlers for that account." In the same email, he listed himself as the "handler" for MedEx, the company owned by Iglesias and Arguello.

u. On or about February 19, 2015, Alexander Martinez provided to Solakyan's Companies, via a Google doc, patient referrals, including referrals of 2 MRIs for Dr. Rigler's patient Felipe B.

v. On or about March 1, 2015, defendant, through his company Global Holdings, Inc., and Iglesias, on behalf of Medex, entered into a new "Outsourced Administrative Services Agreement," which replaced the prior version. Although the services MedEx was to provide were largely the same, this new agreement lowered the payment to $30 per MRI scan.

w. On or about March 18, 2015, defendant issued a check in the amount of $100,000 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

x. On or about March 20, 2015, defendant and Dr. Rigler discussed the declining reimbursement for MRI scans from insurance

companies, and defendant acknowledged that he was still paying "20 bucks" in "marketing" with "Fermin" for each MRI.

y. On or about March 20, 2015, defendant inquired and learned that Iglesias credited $50 for each MRI scan Dr. Rigler referred against the minimum quota Dr. Rigler was expected to meet for each patient.

z. On or about March 20, 2015, defendant reassured Dr. Rigler that his earlier offer was still open, but only for a limited time: "So just so you know, between us, okay, so anything [referred] up until March 1st . . . is still 50 [$50 per scan]."

aa. On or about March 24, 2015, to conceal his cash payments to Dr. Rigler for patient referrals, defendant used "reports" as code for cash in asking Dr. Rigler if he could "send my driver with your reports," then stated, "I'll have him contact you then I'll just send him with your reports, buddy."

bb. On or about March 24, 2015, in the same conversation, defendant confirmed the number of scans that Dr. Rigler had referred to defendant's MRI company for which Dr. Rigler would be paid: "So there's a total of 51."

cc. On or about March 25, 2015, defendant directed his driver to deliver a sealed envelope to Dr. Rigler containing $2,600 in $100 bills.

dd. On or about March 25, 2015, defendant issued a check in the amount of $101,650 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

ee. In or about March 2015, defendant submitted or caused to be submitted to insurance companies requests for reimbursement exceeding

$150,000, for the 51 MRI scans defendant procured by paying $2,600 in bribes or kickbacks to Dr. Rigler.

ff. On or about July 1, 2015, defendant issued a check in the amount of $181,162 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

gg. On each of April 22, May 23, June 21, July 20, August 18, September 20, October 20, and November 23, 2016, defendant issued payments in the amount of $20,000 from an account in the name of one of Solakyan's Companies to Medex Solutions, Inc., to pay for patient referrals.

All in violation of Title 18, United States Code, Section 1349.

Counts 2-12
HONEST SERVICES MAIL FRAUD
18 U.S.C. §§ 1341, 1346 & 2

16. Paragraphs 1 through 10 of this Indictment are realleged and incorporated by reference.

17. Beginning on a date unknown no later than mid-2013, and continuing through at least November 2016, within the Southern District of California and elsewhere, defendant SAM SARKIS SOLAKYAN, knowingly and with the intent to defraud, devised and participated in a material scheme to defraud, that is, to deprive patients of their intangible right to their physician's honest services.

18. Paragraphs 13 through 15 of this Indictment are realleged and incorporated by reference as more fully describing the scheme to defraud, that is, to deprive patients of their intangible right to their physician's honest services.

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EXECUTIONS OF THE SCHEME TO DEFRAUD

19. On or about the following dates, within the Southern District of California and elsewhere, defendant SAM SARKIS SOLAKYAN, for the purpose of executing the scheme, caused the following mail matter to be placed in a post office and authorized depository for mail matters to be delivered by the United States Postal Service and private and commercial interstate carrier:

Count	Date	Item Mailed
2	July 23, 2014	Request for payment totaling $16,790 for 6 MRI scans for Jose C., sent to Berkshire Hathaway, secured through the payment of a bribe to Dr. Rigler
3	Sept. 3, 2014	Request for payment totaling $1,955 for 1 MRI scan for Jose C., sent to Berkshire Hathaway, secured through the payment of a bribe to Dr. Rigler
4	Oct. 14, 2014	Request for payment totaling $6,440 for 2 MRI scans for Liliana C., sent to ESIS, secured through the payment of a bribe to Dr. Rigler
5	Oct. 21, 2014	Request for payment totaling $5,175 for 2 MRI scans for Jose C., sent to Berkshire Hathaway, secured through the payment of a bribe to Dr. Rigler
6	March 5, 2015	Request for payment totaling $3,220 for 1 MRI scan for Gabriel M., sent to Acclaim Risk Management, secured through the payment of a $50 bribe to Dr. Rigler
7	March 6, 2015	Request for payment totaling $3,220 for 1 MRI scan for Gabriel M., sent to Acclaim Risk Management, secured through the payment of a $50 bribe to Dr. Rigler
8	March 11, 2015	Request for payment totaling $16,100 for 5 MRI scans for Refugio L., sent to Zenith, secured through the payment of a $250 bribe to Dr. Rigler
9	March 11, 2015	Request for payment totaling $8,395 for 3 MRI scans for Virginia P., sent to Sedgwick, secured through the payment of a $150 bribe to Dr. Rigler

Count	Date	Item Mailed
10	March 18, 2015	Request for payment totaling $3,220 for 1 MRI scan for Blasa R., sent to Sedgwick, secured through the payment of a $50 bribe to Dr. Rigler
11	March 26, 2015	Request for payment totaling $6,440 for 2 MRI scans for Felipe B., sent to Gallagher Bassett, secured through the payment of a $100 bribe to Dr. Rigler
12	April 3, 2015	Request for payment totaling $6,440 for 2 MRI scans for Maria R., sent to York Insurance, secured through the payment of a $100 bribe to Dr. Rigler

All in violation of Title 18, United States Code, Sections 1341, 1346 and 2.

CRIMINAL FORFEITURE

20. Paragraphs 1 through 19 of this Indictment are realleged and incorporated as if fully set forth herein for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section 981(a)(1)(C) and Title 28, United States Code, Section 2461(c).

21. Upon conviction of one or more of the offenses of Conspiracy and Honest Services Mail Fraud as alleged in Counts 1 through 12, defendant SAM SARKIS SOLAKYAN shall forfeit to the United States all right, title, and interest in any property, real or personal, that constitutes or is derived from proceeds traceable to such offenses.

22. If any of the above described forfeitable property, as a result of any act or omission of defendant SAM SARKIS SOLAKYAN (a) cannot be located upon the exercise of due diligence; (b) has been transferred or sold to, or deposited with, a third party; (c) has been placed beyond the jurisdiction of the Court; (d) has been substantially diminished in value; or (e) has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p) and Title 18, United States Code, Section 982(b), to seek forfeiture of any other property of defendant SAM SARKIS SOLAKYAN up to the value of the forfeitable property described above.

All pursuant to Title 18, United States Code, Section 981(a)(1)(C), and Title 28, United States Code, Section 2461(c).

DATED: September 25, 2018.

A TRUE BILL:

Foreperson

ADAM L. BRAVERMAN
United States Attorney

By: VALERIE H. CHU
Assistant U.S. Attorney

By: CAROLINE P. HAN
Assistant U.S. Attorney

By: for FRED SHEPPARD
Assistant U.S. Attorney

11-176839

S

State of California
Secretary of State

51

Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): $25.00. If amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
in the office of the Secretary of State
of the State of California

NOV 28 2011

This Space for Filing Use Only

1. CORPORATE NAME
MID-VALLEY IMAGING, INC.

C3276279

Due Date:

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

2. ☐ 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 16**.

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 has been previously filed, this form must be completed in its entirety.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

	STREET ADDRESS	CITY	STATE	ZIP CODE
3 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	7111 WINNETKA # 16	WINNETKA	CA	91306
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	7111 WINNETKA # 16	WINNETKA	CA	91306
5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 3	14622 VENTURA BLVD., SUITE 725	SHERMAN OAKS	CA	91403

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.)

	NAME	ADDRESS	CITY	STATE	ZIP CODE
6.	CHIEF EXECUTIVE OFFICER/ SAM S. SOLAKYAN	14622 VENTURA BLVD., SUITE 725	SHERMAN OAKS	CA	91403
7.	SECRETARY SAM S. SOLAKYAN	14622 VENTURA BLVD., SUITE 725	SHERMAN OAKS	CA	91403
8.	CHIEF FINANCIAL OFFICER/ SAM S. SOLAKYAN	14622 VENTURA BLVD., SUITE 725	SHERMAN OAKS	CA	91403

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.)

	NAME	ADDRESS	CITY	STATE	ZIP CODE
9.	SAM S. SOLAKYAN	14622 VENTURA BLVD., SUITE 725	SHERMAN OAKS		91403
10.					
11.					

12. 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 14 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 14 must be left blank.)

13. NAME OF AGENT FOR SERVICE OF PROCESS
SAM S. SOLAKYAN

	STREET ADDRESS	CITY	STATE	ZIP CODE
14. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	550 NORTH BRAND BLVD., SUITE 600	GLENDALE	CA	91203

Type of Business

15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
MRI Center

16. 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.

DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE
06/01/2011	VIVIAN SARKISIAN	CONTORLLER	

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

EV17676

FILED

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

NOV-18 2013

This Space for Filing Use Only

1. **CORPORATE NAME**
MID-VALLEY IMAGING, INC.

2. **CALIFORNIA CORPORATE NUMBER**
C3276279

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
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
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/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	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	ADDRESS	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 [Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.]

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL** CITY STATE ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

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.

DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE
11/18/2013	VIVIAN V SARKISIAN	ACCOUNTANT	

D1272847

LLC-1A

File # 201500810299

State of California
Secretary of State

3276279 'out'

Limited Liability Company
Articles of Organization - Conversion

FILED
Secretary of State
State of California

DEC 3 1 2014

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

   Mid-Valley Imaging, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. *The limited liability company will be managed by (check only one):*

   ☑ One Manager ☐ More Than One Manager ☐ All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA: 550 N. Brand Blvd., 20th Floor | City: Glendale | State: CA | Zip Code: 91203

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 | City | State | Zip Code

6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may **not** list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. **Do not** list an address if the agent is a California registered corporate agent as the address for service of process is already on file. Item 8: If the converting entity is a CA limited partnership, enter the mailing address of the agent, if different from Item 7, or if the agent is a California registered corporate agent.)

   Law Offices of Kevin J. Keenan, a Professional Corporation

7. **If an individual,** Street Address of Agent for Service of Process in CA | City | State: CA | Zip Code

8. Mailing Address of Agent for Service of Process | City | State | Zip Code

Converting Entity Information

9. Name of Converting Entity

   Mid-Valley Imaging, Inc.

10. Form of Entity	11. Jurisdiction	12. CA Secretary of State File Number, if any
Corporation	California	C3276279

13. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.	AND	The percentage vote required of each class.
Ten Thousand (10,000) shares of common stock		Majority

Additional Information

14. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

15. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person — Sam S. Solakyan, Chairman of the Board
Type or Print Name and Title of Authorized Person

Signature of Authorized Person — Sam S. Solakyan, Secretary
Type or Print Name and Title of Authorized Person

16-304736

State of California
Secretary of State

L

STATEMENT OF INFORMATION
(Limited Liability Company)

120 NK

Filing Fee $20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California
MAY 04 2016

1/NF/PC

This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME

MID-VALLEY IMAGING, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER: 201500810299

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California):

No Change Statement

4. **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 15**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL OFFICE: 550 N. Brand Blvd., 20th Floor, Glendale, CA 91203			
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5			
7. STREET ADDRESS OF CALIFORNIA OFFICE: 550 N. Brand Blvd., 20th Floor, Glendale, CA 91203		CA	

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

NAME	ADDRESS	CITY	STATE	ZIP CODE
9. Capital Edge Holdings, LLC	550 N. Brand Blvd., 20th Floor	Glendale, CA		91203
10. Sam S. Solakyan	550 N. Brand Blvd., 20th Floor	Glendale, CA		91203
11.				

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS: Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service C1592199

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL**	CITY	STATE	ZIP CODE
		CA	

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY: Health Services

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE
05/03/2016	Jill Cilmi, Authorized Person		

16-347387

FILED
Secretary of State
State of California

NOV 22 2016

21/20/PC
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Secretary of State Statement of Information (Limited Liability Company)

42 ✓

LLC-12

IMPORTANT — Read instructions before completing this form.

Filing Fee - $20.00

Copy Fees - Face Page $1.00 & .50 for each attachment page,
Certification Fee - $5.00

1. Limited Liability Company Name
Mid-Valley Imaging, LLC

2. 12-Digit Secretary of State File Number
201500810299

3. State or Place of Organization (only if formed outside of California)
California

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
550 N. Brand Blvd, 20th floor	Glendale	CA	91203
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

5. Manager(s) or Member(s) If no *managers* have been appointed or elected, provide the name and address of each *member*. At least one name and address must be listed. Attach additional pages, if necessary.

a. First Name	Middle Name	Last Name	Suffix
Sam	S.	Solakyan	

b. Address	City (no abbreviations)	State	Zip Code
550 N. Brand Blvd, 20th floor	Glendale	CA	91203

6. Agent for Service of Process **Item 6a and 6b:** If the agent is an **individual**, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered **Corporate Agent**, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix

b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete item 6a or 6b
Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service (C1592199)

7. Type of Business
a. Describe the type of business or services of the Limited Liability Company
Health Services

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
Manel		Sweetmore	

b. Address	City (no abbreviations)	State	Zip Code
550 N. Brand Blvd	Glendale	CA	91203

9. The information contained herein, including any attachments, is true and correct.

11/22/2016	James Castro	Executive VP	
Date	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:
Company:
Address:
City/State/Zip:

LLC-1	Articles of Organization of a Limited Liability Company (LLC)

201507910296

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A **$70** filing fee.
- A separate, non-refundable **$15** service fee also must be included, if you **drop off** the completed form.

Important! LLCs in California may have to pay a minimum $800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: *Before submitting the completed form*, you should consult with a private attorney for advice about your specific business needs.

FILED
Secretary of State
State of California
MAR 20 2015

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For questions about this form, go to *www.sos.ca.gov/business/be/filing-tips.htm.*

LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

① Capital Edge Holdings, LLC

Proposed LLC Name

The name **must** include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and **may not** include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company. For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.

Purpose

② The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

LLC Addresses

③ a. 550 N. Brand Blvd., 20th Floor | Glendale | CA | 91203

Initial Street Address of Designated Office in CA - Do not list a P.O. Box | *City (no abbreviations)* | *State* | *Zip*

b. _____

Initial Mailing Address of LLC, if different from 3a | *City (no abbreviations)* | *State* | *Zip*

Service of Process (List a California resident or a California registered corporate agent that agrees to be your initial agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may **not** list an LLC as the agent. **Do not** list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

④ a. Law Offices of Kevin J. Keenan, a Professional Corporation

Agent's Name

b. _____ | CA

*Agent's Street Address (if agent is **not** a corporation) - Do not list a P.O. Box* | *City (no abbreviations)* | *State* | *Zip*

Management (Check only one.)

⑤ The LLC will be managed by:

☑ One Manager ☐ More Than One Manager ☐ All Limited Liability Company Member(s)

This form must be signed by each organizer. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of organization.

▶ _____ Kevin J. Keenan

Organizer - Sign here | *Print your name here*

Make check/money order payable to: **Secretary of State**	***By Mail***	***Drop-Off***
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a $5 certification fee.	Secretary of State Business Entities, P.O. Box 944228 Sacramento, CA 94244-2280	Secretary of State 1500 11th Street., 3rd Floor Sacramento, CA 95814

16-304651

State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

43

Filing Fee $20.00. If this is an amendment, see instructions.
IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California
MAY 04 2016

1/NF/PC

This Space For Filing Use Only

1. **LIMITED LIABILITY COMPANY NAME**
CAPITAL EDGE HOLDINGS, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
201507910296

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. **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 15**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL OFFICE 550 N. Brand Blvd., 20th Floor, Glendale, CA 91203			
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5			
7. STREET ADDRESS OF CALIFORNIA OFFICE 550 N. Brand Blvd., 20th Floor, Glendale, CA 91203		CA	

Name and Complete Address of the Chief Executive Officer, If Any

NAME	ADDRESS	CITY	STATE	ZIP CODE
8. Sam S. Solakyan	550 N. Brand Blvd., 20th Floor	Glendale, CA		91203

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

NAME	ADDRESS	CITY	STATE	ZIP CODE
9. Columbus Capital, Inc.	550 N. Brand Blvd., 20th Floor	Glendale, CA		91203
10. Sam S. Solakyan	550 N. Brand Blvd., 20th Floor	Glendale, CA		91203
11.				

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service C1592199

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL** | CITY | STATE: CA | ZIP CODE

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Business Services

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE
05/03/2016	Jill Cilmi, Authorized Person		

LLC-2	Amendment to Articles of Organization of a Limited Liability Company (LLC)

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A **$30** filing fee.
- A separate, non-refundable **$15** service fee also must be included, if you **drop off** the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Items 4-6: **Only** fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED
Secretary of State
State of California
MAY 09 2016

1pc

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For questions about this form, go to *www.sos.ca.gov/business/be/filing-tips.htm.*

① **LLC's Exact Name** (on file with CA Secretary of State)
Capital Edge Holdings, LLC

② **LLC File No.** (issued by CA Secretary of State)
201507910296

Purpose

③ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

④ Access Integrated Healthcare, LLC

Proposed LLC Name

The proposed new name **must** include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and **may not** include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company.

Management (Check only one.)

⑤ The LLC will be managed by:

☐ One Manager ☑ More Than One Manager ☐ All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (List both the current text, and the text as amended by this filing.)

⑥

Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.

▶	Manel Sweetmore	Manager and CEO
Sign here	*Print your name here*	*Your business title*

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a $5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off
Secretary of State
1500 11th Street., 3rd Floor
Sacramento, CA 95814

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.
The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB APPROVAL	
OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number)
0001677650

Name of Issuer
Access Integrated Healthcare, LLC

Jurisdiction of Incorporation/Organization
CALIFORNIA

Year of Incorporation/Organization
[ ] Over Five Years Ago
[X] Within Last Five Years (Specify Year) 2015
[ ] Yet to Be Formed

Previous Names [ ] None
Capital Edge Holdings, LLC

Entity Type
[ ] Corporation
[ ] Limited Partnership
[X] Limited Liability Company
[ ] General Partnership
[ ] Business Trust
[ ] Other (Specify)

2. Principal Place of Business and Contact Information

Name of Issuer
Access Integrated Healthcare, LLC

Street Address 1
550 N. BRAND BLVD., 20TH FLOOR

Street Address 2

City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
GLENDALE	CALIFORNIA	91203	8664607465

3. Related Persons

Last Name	First Name	Middle Name
Sweetmore	Manel	

Street Address 1
550 N. Brand Blvd.

Street Address 2
20th Floor

City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203

Relationship: [X] Executive Officer [X] Director [ ] Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Castro	James	
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203

Relationship: [X] Executive Officer [X] Director [ ] Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Khan	Sana	Ullah
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203

Relationship: [ ] Executive Officer [X] Director [ ] Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Solakyan	Sam	
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203

Relationship: [ ] Executive Officer [X] Director [ ] Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Saquib	Abdul	Latif
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203

Relationship: [ ] Executive Officer [X] Director [ ] Promoter

Clarification of Response (if Necessary):

4. Industry Group

[ ] Agriculture
Banking & Financial Services

Health Care
[ ] Biotechnology

[ ] Retailing
[ ] Restaurants

- [ ] Commercial Banking
- [ ] Insurance
- [ ] Investing
- [ ] Investment Banking
- [ ] Pooled Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940?

[ ] Yes [ ] No

- [ ] Other Banking & Financial Services
- [ ] Business Services

Energy

- [ ] Coal Mining
- [ ] Electric Utilities
- [ ] Energy Conservation
- [ ] Environmental Services
- [ ] Oil & Gas
- [ ] Other Energy
- [ ] Health Insurance
- [ ] Hospitals & Physicians
- [ ] Pharmaceuticals
- [X] Other Health Care
- [ ] Manufacturing

Real Estate

- [ ] Commercial
- [ ] Construction
- [ ] REITS & Finance
- [ ] Residential
- [ ] Other Real Estate
- [ ]

Technology

- [ ] Computers
- [ ] Telecommunications
- [ ] Other Technology

Travel

- [ ] Airlines & Airports
- [ ] Lodging & Conventions
- [ ] Tourism & Travel Services
- [ ] Other Travel
- [ ] Other

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
[ ] No Revenues		[ ] No Aggregate Net Asset Value
[ ] $1 - $1,000,000		[ ] $1 - $5,000,000
[ ] $1,000,001 - $5,000,000		[ ] $5,000,001 - $25,000,000
[ ] $5,000,001 - $25,000,000		[ ] $25,000,001 - $50,000,000
[X] $25,000,001 - $100,000,000		[ ] $50,000,001 - $100,000,000
[ ] Over $100,000,000		[ ] Over $100,000,000
[ ] Decline to Disclose		[ ] Decline to Disclose
[ ] Not Applicable		[ ] Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- [ ] Rule 504(b)(1) (not (i), (ii) or (iii))
- [ ] Rule 504 (b)(1)(i)
- [ ] Rule 504 (b)(1)(ii)
- [ ] Rule 504 (b)(1)(iii)
- [ ] Investment Company Act Section 3(c)
- [ ] Section 3(c)(1)
- [ ] Section 3(c)(2)
- [ ] Section 3(c)(9)
- [ ] Section 3(c)(10)

- [ ] Rule 505
- [X] Rule 506(b)
- [ ] Rule 506(c)
- [ ] Securities Act Section 4(a)(5)

- [ ] Section 3(c)(3)
- [ ] Section 3(c)(4)
- [ ] Section 3(c)(5)
- [ ] Section 3(c)(6)
- [ ] Section 3(c)(7)
- [ ] Section 3(c)(11)
- [ ] Section 3(c)(12)
- [ ] Section 3(c)(13)
- [ ] Section 3(c)(14)

7. Type of Filing

[X] New Notice Date of First Sale 2016-03-07 [ ] First Sale Yet to Occur

[ ] Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? [ ] Yes [X] No

9. Type(s) of Securities Offered (select all that apply)

- [X] Equity
- [ ] Debt
- [ ] Option, Warrant or Other Right to Acquire Another Security
- [ ] Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- [ ] Pooled Investment Fund Interests
- [ ] Tenant-in-Common Securities
- [ ] Mineral Property Securities
- [ ] Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? [X] Yes [ ] No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor $13,171,611 USD

12. Sales Compensation

Recipient

Recipient CRD Number [X] None

(Associated) Broker or Dealer [X] None

(Associated) Broker or Dealer CRD Number [X] None

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

State(s) of Solicitation (select all that apply)
Check "All States" or check individual States

[ ] All States

[ ] Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount	$13,171,611 USD	or ☐ Indefinite
Total Amount Sold	$13,171,611 USD	
Total Remaining to be Sold	$0 USD	or ☐ Indefinite

Clarification of Response (if Necessary):

14. Investors

☐ Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: 1

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions $0 USD ☐ Estimate

Finders' Fees $0 USD ☐ Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

$0 USD ☐ Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that

such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506 (d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Access Integrated Healthcare, LLC	/s/ Laszlo Kupan	Laszlo Kupan	General Counsel	2016-06-22

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

17-327196

Secretary of State Statement of Information (Limited Liability Company)

137 PM

LLC-12

FILED
Secretary of State
State of California
MAR 30 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee - $20.00

Copy Fees – Face Page $1.00 & .50 for each attachment page; Certification Fee - $5.00

21.50 | 20 | PC

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1. Limited Liability Company Name
Access Integrated Healthcare, LLC

2. 12-Digit Secretary of State File Number
201507910296

3. State or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
550 N. Brand Blvd., 20th Floor	Glendale	CA	91203
b. Mailing Address of LLC, **if different than item 4a**	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
550 N. Brand Blvd., 20th Floor	Glendale	CA	91203

5. Manager(s) or Member(s)

If no ***managers*** have been appointed or elected, provide the name and address of each ***member***. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete Item 5a			
Columbus Capital, Inc.			
c. Address	City (no abbreviations)	State	Zip Code
550 N. Brand Blvd., 20th Floor	Glendale	CA	91203

6. Agent for Service of Process

Item 6a and 6b: If the agent is an **individual**, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered **Corporate Agent**, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - **Do not list a P.O. Box**	City (no abbreviations)	State	Zip Code
		CA	
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete item 6a or 6b			
Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service			C1592199

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Business Services

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
Sam	S.	Solakyan	
b. Address	City (no abbreviations)	State	Zip Code
550 N. Brand Blvd., 20th Floor	Glendale	CA	91203

9. The information contained herein, including any attachments, is true and correct.

03/30/2017	Sam S. Solakyan	Authorized Person	
Date	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip:

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17-327196

Attachment to Statement of Information (Limited Liability Company)

LLC-12A Attachment

A. Limited Liability Company Name

Access Integrated Healthcare, LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

201507910296

C. State or Place of Organization (only if formed outside of California)

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name – Do not complete Item 2b Sam	Middle Name S.	Last Name Solakyan	Suffix
2b. Entity Name – Do not complete Item 2a			
2c. Address 550 N. Brand Blvd., 20th Floor	City (no abbreviations) Glendale	State CA	Zip Code 91203
3a. First Name – Do not complete Item 3b	Middle Name	Last Name	Suffix
3b. Entity Name – Do not complete Item 3a			
3c. Address	City (no abbreviations)	State	Zip Code
4a. First Name – Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name – Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name – Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name – Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name – Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name – Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name – Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name – Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name – Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name – Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code

16-612881

State of California
Secretary of State

S

2

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

FILED
Secretary of State
State of California
APR 19 2016

1. CORPORATE NAME
Columbus Capital, Inc.

2. CALIFORNIA CORPORATE NUMBER
C3645146

1/NF/PC

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.)

	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 777 Cavanagh Road	Glendale	CA	91207
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 777 Cavanagh Road	Glendale	CA	91207
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.)

	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ Sam S. Solakyan	777 Cavanagh Road	Glendale	CA	91207
8. SECRETARY Sam S. Solakyan	777 Cavanagh Road	Glendale	CA	91207
9. CHIEF FINANCIAL OFFICER/ Sam S. Solakyan	777 Cavanagh Road	Glendale	CA	91207

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.)

NAME	ADDRESS	CITY	STATE	ZIP CODE
10. Sam S. Solakyan	777 Cavanagh Road	Glendale	CA	91207
11.				
12.				

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
Law Offices of Kevin J. Keenan, a Professional Corporation C2347181

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE: CA | ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Holding Company

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.

DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE
04-19-16	Sam S. Solakyan	President	

Secretary of State
Certificate of Cancellation
Limited Liability Company (LLC)

LLC-4/7

FILED
Secretary of State
State of California
JUN 23 2017

IMPORTANT — Read Instructions before completing this form.

There is **No Fee** for filing a Certificate of Cancellation

Copy Fees – First page $1.00; each attachment page $0.50;
Certification Fee - $5.00 plus copy fees

1CC

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1. Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State)

Mid-Valley Imaging, LLC

2. 12-Digit Secretary of State File Number

201500810299

3. Dissolution (California LLCs ONLY: Check the box if the vote to dissolve was made by the vote of **ALL** the members.)

☑ The dissolution was made by a vote of **ALL** of the members of the California Limited Liability Company.

Note: If the above box is not checked, a **Certificate of Dissolution** (Form LLC-3) must be filed prior to or together with this Certificate of Cancellation. (California Corporations Code section 17707.08(a).)

4. Tax Liability Statement (Do not alter the Tax Liability Statement.)

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.

5. Cancellation Statement (Do not alter the Cancellation Statement.)

Upon the effective date of this Certificate of Cancellation, the Limited Liability Company's registration is cancelled and its powers, rights and privileges will cease in California.

6. Read and Sign Below (**See instructions for signature requirements.** Do not use a computer generated signature.)

By signing this document, I certify that the information is true and that I am authorized by California law to sign.

Signature	Allen Soong, Manager Type or Print Name
Signature	Type or Print Name
Signature	Type or Print Name