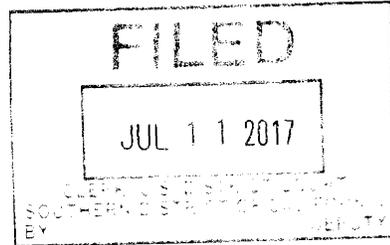


INDEX

Poseidon Medical Group & John Workman

Exhibit #	Document
1	United States of America v. John Workman (Case no. 17CR1844BEN)
2	CA Secretary of State: Statement of Information, 05/02/2015



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,

Plaintiff,

v.

JOHN WORKMAN,

Defendant.

Case No. 17cr1844-Ben

I N F O R M A T I O N

Title 18, U.S.C., Sec. 371 -
Conspiracy; Title 18, U.S.C.,
Sec. 981(a)(1)(C) and
Title 28, U.S.C., Sec. 2461(c) -
Criminal Forfeiture

The United States charges, at all times relevant:

Count 1

**CONSPIRACY TO COMMIT HEALTH CARE FRAUD, HONEST SERVICES MAIL FRAUD AND
VIOLATE THE TRAVEL ACT, 18 USC § 371**

1. Beginning no later than 2005 and continuing through at least 2015, within the Southern District of California and elsewhere, defendant JOHN WORKMAN did knowingly and intentionally conspire with others to:

a. commit Health Care Fraud, that is, to knowingly and with the intent to defraud execute a material scheme to defraud a health care benefit program, and to obtain by means of materially false and fraudulent pretenses, representations, and promises, any of the money and property owned by, and under the custody and control of a health

1 care benefit program, in connection with the delivery of and payment for
2 health care benefits, items, and services, in violation of Title 18,
3 United States Code, Section 1347; and

4 b. commit Honest Services Mail Fraud, that is, to knowingly and
5 with the intent to defraud, devise and participate in a material scheme
6 to defraud and to deprive patients of the intangible right to a doctor's
7 honest services, and to cause mailings in furtherance thereof, in
8 violation of Title 18, United States Code, Sections 1341 and 1346.

9 **FRAUDULENT PURPOSE**

10 2. It was the goal of the conspiracy to fraudulently obtain money
11 from health care benefit programs by submitting claims for medical goods
12 and services that were generated through a secret pattern of bribes to
13 doctors (and those acting with them and on their behalf), to induce the
14 doctors to refer patients to particular providers, in violation of the
15 doctors' fiduciary duty to their patients.

16 3. To carry out their purpose, Defendant and his co-conspirators
17 submitted and caused to be submitted claims of over \$16.9 million for
18 "shockwave" treatments procured through the payment of bribes and
19 kickbacks.

20 4. As an essential part of the scheme, the Providers used the
21 mail to submit claims and other documents to insurers, and to receive
22 payment on those claims.

23 **OVERT ACT**

24 5. In furtherance of the conspiracy and in order to effect the
25 objects thereof, Defendant committed or caused the commission of the
26 following overt act in the Southern District of California and elsewhere:
27 On November 5, 2010, shockwave provider FOREMOST SHOCKWAVE SERVICES, LEE
28 MATHIS, and FERNANDO VALDES paid Defendant \$13,139.66 for patient Petra

1 T., a patient of Dr. H's clinic in Corona, knowing and intending that
2 Defendant would pay Dr. H part of that money as a kickback for referring
3 the patient to FOREMOST for shockwave treatment.

4 All in violation of Title 18, United States Code, Section 371.

5 **FORFEITURE ALLEGATION**

6 6. Upon conviction of the offense of Conspiracy as alleged in
7 Count 1, defendant JOHN WORKMAN shall forfeit to the United States all
8 right, title, and interest in any property, real or personal, that
9 constitutes or is derived from proceeds traceable to a violation of such
10 offenses, including a sum of money equal to the total amount of gross
11 proceeds derived, directly or indirectly, from such offenses.

12 7. If any of the above described forfeitable property, as a result
13 of any act or omission of defendant JOHN WORKMAN: (a) cannot be located
14 upon the exercise of due diligence; (b) has been transferred or sold to,
15 or deposited with, a third party; (c) has been placed beyond the
16 jurisdiction of the Court; (d) has been substantially diminished in
17 value; or (e) has been commingled with other property which cannot be
18 divided without difficulty; it is the intent of the United States,
19 pursuant to Title 21, United States Code, Section 853(p) and Title 18,
20 United States Code, Section 982(b), to seek forfeiture of any other
21 property of defendants JOHN WORKMAN up to the value of the forfeitable
22 property described above.

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

25 DATED: July 11, 2017.

26 ALANA W. ROBINSON
27 Acting United States Attorney

28 
VALERIE H. CHU
Assistant U.S. Attorney



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

F579947

FILED

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

MAY-02 2015

1. CORPORATE NAME

POSEIDON MEDICAL GROUP, INC.

2. CALIFORNIA CORPORATE NUMBER

C3617491

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
17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			
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
JOHN WORKMAN, PH.D. 17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			
8. SECRETARY ADDRESS	CITY	STATE	ZIP CODE
EUGENE HUBBARD, JR., M.D. 17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			
9. CHIEF FINANCIAL OFFICER/ ADDRESS	CITY	STATE	ZIP CODE
JOHN WORKMAN, PH.D. 17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			

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
JOHN WORKMAN, PH.D.	17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
EUGENE HUBBARD, JR., M.D.	17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 0

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	15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
JOHN WORKMAN, PH.D.	17821 E. 17TH STREET, SUITE 250, TUSTIN, CA 92780			

Type of Business

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

05/02/2015 JOHN WORKMAN, PH.D. PRESIDENT

DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE