

# INDEX

Pacific Coast MRI, Inc. & Emmanuel Ed Go

Exhibit #	Document
1	People of the State of California v. Emmanuel Ed Go et al (Case no. SCD255521)
2	CA Secretary of State: Statement of Information, 08/15/2005



## **CHARGES (cont'd)**

### **COUNT 2 - OFFER, DELIVER, RECEIVE AND ACCEPT COMPENSATION FOR REFERRING CLIENTS/PATIENTS**

On or about and between September 12, 2014 and April 27, 2015, EMMANUEL ED GO and CHRISTOPHER EMMANUEL GO did offer, deliver, receive and accept a rebate, refund, commission, preference, patronage, dividend, discount and other consideration whether in the form of money or otherwise, as compensation or inducement for referring clients or patients to perform or obtain services (prescription medications) or benefits pursuant to the California Workers' Compensation law, in violation of LABOR CODE SECTION 3215.

### **COUNT 3 - OFFER, DELIVER, RECEIVE AND ACCEPT COMPENSATION FOR REFERRING CLIENTS/PATIENTS**

On or about and between September 12, 2014 and April 27, 2015, EMMANUEL ED GO and CHRISTOPHER EMMANUEL GO did offer, deliver, receive and accept a rebate, refund, commission, preference, patronage, dividend, discount and other consideration whether in the form of money or otherwise, as compensation or inducement for referring clients or patients to perform or obtain services (EMGs) or benefits pursuant to the California Workers' Compensation law, in violation of LABOR CODE SECTION 3215.

### **COUNT 4 - OFFER, DELIVER, RECEIVE AND ACCEPT COMPENSATION FOR REFERRING CLIENTS/PATIENTS**

On or about and between September 12, 2014 and April 27, 2015, EMMANUEL ED GO and CHRISTOPHER EMMANUEL GO did offer, deliver, receive and accept a rebate, refund, commission, preference, patronage, dividend, discount and other consideration whether in the form of money or otherwise, as compensation or inducement for referring clients or patients to perform or obtain services (NCVs) or benefits pursuant to the California Workers' Compensation law, in violation of LABOR CODE SECTION 3215.

### **COUNT 5 - OFFER, DELIVER, RECEIVE AND ACCEPT COMPENSATION FOR REFERRING CLIENTS/PATIENTS**

On or about and between September 12, 2014 and April 27, 2015, EMMANUEL ED GO and CHRISTOPHER EMMANUEL GO did offer, deliver, receive and accept a rebate, refund, commission, preference, patronage, dividend, discount and other consideration whether in the form of money or otherwise, as compensation or inducement for referring clients or patients to perform or obtain services (compound creams) or benefits pursuant to the California Workers' Compensation law, in violation of LABOR CODE SECTION 3215.

### **COUNT 6 - OFFER, DELIVER, RECEIVE AND ACCEPT COMPENSATION FOR REFERRING CLIENTS/PATIENTS**

On or about and between September 12, 2014 and April 27, 2015, EMMANUEL ED GO and CHRISTOPHER EMMANUEL GO did offer, deliver, receive and accept a rebate, refund, commission, preference, patronage, dividend, discount and other consideration whether in the form of money or otherwise, as compensation or inducement for referring clients or patients to perform or obtain services (MRIs) or benefits pursuant to the California Workers' Compensation law, in violation of LABOR CODE SECTION 3215.

**CHARGES (cont'd)**

**COUNT 7 - OFFER, DELIVER, RECEIVE AND ACCEPT COMPENSATION FOR REFERRING CLIENTS/PATIENTS**

On or about March 18, 2015, EMMANUEL ED GO, CHRISTOPHER EMMANUEL GO and ALEXANDER KIEV MARTINEZ did offer, deliver, receive and accept a rebate, refund, commission, preference, patronage, dividend, discount and other consideration whether in the form of money (#1322 for \$8,000.00 to Line of Sight) or otherwise, as compensation or inducement for referring clients or patients to perform or obtain services or benefits pursuant to the California Workers' Compensation law, in violation of LABOR CODE SECTION 3215.

**COUNT 8 - OFFER, DELIVER, RECEIVE AND ACCEPT COMPENSATION FOR REFERRING CLIENTS/PATIENTS**

On or about March 20, 2015, EMMANUEL ED GO, CHRISTOPHER EMMANUEL GO and ALEXANDER KIEV MARTINEZ did offer, deliver, receive and accept a rebate, refund, commission, preference, patronage, dividend, discount and other consideration whether in the form of money (\$8,000 cash) or otherwise, as compensation or inducement for referring clients or patients to perform or obtain services or benefits pursuant to the California Workers' Compensation law, in violation of LABOR CODE SECTION 3215.



THIS INDICTMENT, NUMBERED SCD255521, CONSISTS OF 8 COUNTS.

**"A TRUE BILL"**

**Bonnie M. Dumanis**

District Attorney, County of San Diego, State of California

\_\_\_\_\_  
Foreman of the Grand Jury

\_\_\_\_\_  
Deputy District Attorney

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

05-382244



# State of California Secretary of State



## STATEMENT OF INFORMATION (Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

2762576

PACIFIC COAST MRI, INC.

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

AUG 15 2005

*EL*

This Space For Filing Use Only

DUE DATE: **AUG 16 2005**

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P. O. Boxes)

2 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE  
17814 WOODRUFF AVE., #4 BELLFLOWER, CA. 90706

3 STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE  
17814 WOODRUFF AVE., #4 BELLFLOWER, CA. CA 90706

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4 CHIEF EXECUTIVE OFFICER/ ADDRESS CITY AND STATE ZIP CODE  
EMMANUEL E. GO 17814 WOODRUFF AVE., #4 BELLFLOWER, CA. 90706

5 SECRETARY/ ADDRESS CITY AND STATE ZIP CODE  
MANUEL NUÑEZ 17814 WOODRUFF AVE., #4 BELLFLOWER, CA. 90706

6 CHIEF FINANCIAL OFFICER/ ADDRESS CITY AND STATE ZIP CODE  
MANUEL NUÑEZ 17814 WOODRUFF AVE., #4 BELLFLOWER, CA. 90706

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.)

7 NAME ADDRESS CITY AND STATE ZIP CODE  
EMMANUEL E. GO 17814 WOODRUFF AVE., #4 BELLFLOWER, CA. 90706

8 NAME ADDRESS CITY AND STATE ZIP CODE  
MANUEL NUÑEZ 17814 WOODRUFF AVE., #4 BELLFLOWER, CA. 90706

9 NAME ADDRESS CITY AND STATE ZIP CODE

10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 1

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 12 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 12 must be left blank.)

11. NAME OF AGENT FOR SERVICE OF PROCESS  
EMMANUEL E. GO

12 ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE  
17814 WOODRUFF AVE., #4 BELLFLOWER CA 90706

TYPE OF BUSINESS

13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
MEDICAL IMAGING

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

MANUEL NUÑEZ  
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

*Manuel Nuñez*  
SIGNATURE

SEC. & CFO 8-11-05  
TITLE DATE