

## INDEX

### Sanjoy Banerjee, M.D., Inc.

<b>Exhibit #</b>	<b>Document</b>	<b>File Date</b>
1	<i>The People of the State of CA v. Sanjoy Banerjee</i> , Criminal Case Report, Case No. RIF1802535, Riverside County	
2	Secretary of State, Sanjoy Banerjee, M.D., Inc., C2749467	5/24/2005
3	National Provider Identifiers Registry, 1295773422	

# **Exhibit 1**

# RIVERSIDE SUPERIOR COURT

## PUBLIC ACCESS

### Criminal Case Report

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#### Case RIF1802535 - Defendants

Seq	Defendant	Next Court Date	Status	Agency / DR Number	Arrest Date	Count 1 Charge	Violation Date
1	BANERJEE, SANJOY	Trial Readiness Conference 12/13/2019 AT 8:30 AM DEPT. 61	ACTIVE	RCDA DAR201734100	11/24/2015	PC 550(A) (6)	11/24/2015

#### Case RIF1802535 - BANERJEE, SANJOY - Status

<i>Filing Type</i>	<b>Held to Answer</b>	<i>Custody</i>	<b>Bail</b>
<i>Ordered Bail</i>	<b>\$30,000.00</b>	<i>Filing Date</i>	<b>05/29/2018</b>
<i>D.A.</i>	<b>Kristen Allison by J. Armand</b>	<i>Posted Bail</i>	<b>\$30,000.00</b>
<i>Next Action:</i>	<b>Trial Readiness Conference 12/13/2019 AT 8:30 AM DEPT. 61</b>	<i>Defense</i>	<b>PVT-Phillip Greenberg</b>
		<i>Deputy Report #:</i>	<b>RCDA-RI DAR201734100</b>

Warrant	Type	Status	Issued	Affidavit
	ARR	RECALLED	05/29/2018	N/A
Probation	Type	Granted	Expiration	
	N/A	N/A	N/A	N/A
Sentence	Convicted Date	Fine and Penalty	Restitution Fine	
	N/A		0	

#### Case RIF1802535 - BANERJEE, SANJOY - Charges

Arrest Charges						
Count	Charge	Severity	Description	Violation Date	Plea	Status

1	PC 550(A) (1)	F	Fraud claim for payment/loss	11/24/2015		
<b>Filed Charges</b>						
Count	Charge	Severity	Description	Violation Date	Plea	Status
1	PC 550(A) (6)	F	Fraudulent claim for payment of health care benefit	11/24/2015	NOT GUILTY	HTA
2	PC 550(A) (6)	F	Fraudulent claim for payment of health care benefit	11/24/2015	NOT GUILTY	HTA
3	PC 118	F	Perjury	11/24/2015	NOT GUILTY	HTA
4	PC 118	F	Perjury	11/24/2015	NOT GUILTY	HTA
5	PC 118	F	Perjury	11/24/2015	NOT GUILTY	HTA
<b>Infor Charges</b>						
Count	Charge	Severity	Description	Violation Date	Plea	Status
1	PC 550(A) (6)	F	Fraudulent claim for payment of health care benefit	11/24/2015	NOT GUILTY	ACTIVE
2	PC 550(A) (6)	F	Fraudulent claim for payment of health care benefit	11/24/2015	NOT GUILTY	ACTIVE
3	PC 118	F	Perjury	11/24/2015	NOT GUILTY	ACTIVE
4	PC 118	F	Perjury	11/24/2015	NOT GUILTY	ACTIVE
5	PC 118	F	Perjury	11/24/2015	NOT GUILTY	ACTIVE

**Case RIF1802535 - BANERJEE, SANJOY - Probation**

**Probation Has Not Been Granted On This Case For This Defendant.**

**Case RIF1802535 - BANERJEE, SANJOY - Related Cases On Calendar**

Related Cases On Calendar
<i>This Defendant Does Not Have Any Other Cases With Future Hearings Scheduled.</i>

**Case RIF1802535 - BANERJEE, SANJOY - All of Defendant's Other Cases**

Case Number	Filed Date	Charges	Next Hearing	Jurisdiction	Status
<i>This Defendant Does Not Have Any Other Reportable Cases.</i>					

**Case RIF1802535 - BANERJEE, SANJOY - Actions & Minutes**

Action Date	Action Text	Disposition	Hearing Type
	TRIAL READINESS CONFERENCE	ACTIVE	TRC

12/13/2019 8:30 AM DEPT. 61			
10/22/2019	AMENDED ORDER ON PENAL CODE SECTION 23 REQUEST FILED.		
10/18/2019	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
10/18/2019 8:30 AM DEPT. 61	CALENDAR ADD-ON: MODIFICATION OF ORDER ON PC 23 REQUEST	DISPOSED	
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
10/18/2019 8:30 AM DEPT. 61	TRIAL READINESS CONFERENCE	VACATED	TRC
09/05/2019	ESUBMIT PAYMENT REFERENCE NUMBER: 5317		
09/05/2019	MISCELLANEOUS PAYMENT OF \$1.85 RECEIVED.		
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
	CRAR 190905-1578-EF ESF/ 1.85 000		
09/04/2019	REQUEST FOR CALENDAR ADD-ON FILED.		
09/03/2019	ADDENDUM TO ORDER ON PC 23 REQUEST-BILLING MONITOR FILED.		
09/03/2019	ORDER RE: PENAL CODE SECTION 23 REQUEST FILED.		
08/27/2019	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
08/27/2019 8:30 AM DEPT. 61	HEARING SET RE: RECOMMENDATION BY STATE LICENSING AGENCY	DISPOSED	
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
08/27/2019 8:30 AM DEPT. 61	INFORMATION ARRAIGNMENT	DISPOSED	ARRAIGNMENT
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
07/30/2019	PRELIMINARY HEARING TRANSCRIPT FILED.		
07/24/2019	REQUEST FOR DISCOVERY BY DISTRICT ATTORNEY PURSUANT TO 1054 PC FILED.		
07/24/2019	INFORMATION FILED.		
07/24/2019	INFORMATION FILED		
07/16/2019	RETURNED EXHIBITS RECEIPT (PURSUANT TO CRC RULE 2.400) (COURTROOM ASSISTANTS) FILED [CR038]		
07/16/2019	EXHIBIT LIST FILED.		
07/16/2019	HEARING SET 07/16/2019 AT 9:00 FOR HS IS VACATED.		
07/16/2019	1ST AMENDED FELONY COMPLAINT FILED.		
07/16/2019	PEOPLES PRELIMINARY HEARING BRIEF FILED.		
07/16/2019	PEOPLES PRELIMINARY HEARING EXHIBIT LIST FILED.		
07/16/2019 9:02 AM DEPT. 52	HEARING SET RE: RECOMMENDATION BY STATE LICENSING AGENCY	DISPOSED	
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		

07/16/2019 9:01 AM DEPT. 52	PRELIMINARY HEARING	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
07/16/2019 9:00 AM DEPT. 52	HEARING SET RE: NOTICE OF APPEARANCE AND RECOMMENDATION BY STATE	VACATED	
07/16/2019 8:31 AM DEPT. 61	HEARING SET RE: RECOMMENDATION BY STATE LICENSING AGENCY	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
07/16/2019 8:30 AM DEPT. 61	HEARING SET RE: NOTICE OF APPEARANCE AND RECOMMENDATION BY STATE	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
07/16/2019 8:30 AM DEPT. 61	PRELIMINARY HEARING	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
06/10/2019	NOTICE OF APPEARANCE AND RECOMMENDATION BY STATE FILED.		
06/05/2019	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
06/05/2019 8:31 AM DEPT. 61	HEARING SET RE: RECOMMENDATION BY STATE LICENSING AGENCY	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
06/05/2019 8:30 AM DEPT. 61	PRELIMINARY HEARING	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
04/17/2019	NOTICE OF APPEARANCE AND RECOMMENDATION BY STATE LICENSING FILED.		
04/10/2019	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
04/10/2019 8:31 AM DEPT. 61	HEARING SET RE: RECOMMENDATION BY STATE LICENSING AGENCY	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
04/10/2019 8:30 AM DEPT. 61	PRELIMINARY HEARING	DISPOSED	
<b>Minutes</b> <input type="button" value="Print Minute Order"/>			
04/02/2019	NOTICE OF APPEARANCE AND RECOMMENDATION BY STATE LICENSING FILED.		
03/29/2019			

	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
03/29/2019 8:30 AM DEPT. 61	HEARING SET RE: RECOMMENDATION BY STATE LICENSING AGENCY	DISPOSED	
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
03/29/2019 8:30 AM DEPT. 61	PRELIMINARY HEARING	DISPOSED	
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
02/26/2019	HEARING SET 02/26/2019 AT 8:30 FOR PH IS VACATED.		
02/26/2019 8:30 AM DEPT. 61	PRELIMINARY HEARING	VACATED	
02/22/2019	NOTICE OF APPEARANCE AND RECOMMENDATION BY STATE LICENSING FILED.		
02/13/2019	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
02/13/2019 8:30 AM DEPT. 61	FELONY SETTLEMENT CONFERENCE	DISPOSED	TSC
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
12/14/2018	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
12/14/2018 8:30 AM DEPT. 61	FELONY SETTLEMENT CONFERENCE	DISPOSED	TSC
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
11/09/2018	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
11/09/2018 8:30 AM DEPT. 61	FELONY SETTLEMENT CONFERENCE	DISPOSED	TSC
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
09/28/2018	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
09/28/2018 8:30 AM DEPT. 61	FELONY SETTLEMENT CONFERENCE	DISPOSED	TSC
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
08/16/2018	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
08/16/2018 8:30 AM DEPT. 61	FELONY SETTLEMENT CONFERENCE	DISPOSED	TSC
<b>Minutes</b>	<input type="button" value="Print Minute Order"/>		
07/09/2018			

	WAIVER OF DEFENDANT'S PERSONAL PRESENCE PURSUANT TO 977 PC FILED.		
07/09/2018	REQUEST FOR CONTINUANCE PURSUANT TO PC 1050 FILED.		
07/09/2018 8:30 AM DEPT. 61	ARRAIGNMENT	DISPOSED	ARRAIGNMENT
Minutes <input type="button" value="Print Minute Order"/>			
07/09/2018 8:30 AM DEPT. 61	HEARING SET RE: NTC OF APPEARANCE AND RECOMMENDATION BY STATE LIC	DISPOSED	
Minutes <input type="button" value="Print Minute Order"/>			
07/03/2018	OPPOSITION TO RECOMMENDATION BY STATE LICENSING FILED.		
06/14/2018	NOTICE OF APPEARANCE AND RECOMMENDATION BY STATE LICENSING FILED.		
05/31/2018	WARRANT WAS RECALLED SUCCESSFULLY		
05/31/2018	BAIL BOND NO. 5551907441 FILED. APPEARANCE DATE IS 07/09/2018.		
05/31/2018	BAIL BOND NO. 5551907441 IS TO BE ADDRESSED BY 05/31/20, WHICH IS 2 YEARS FROM EFFECTIVE DATE 05/31/2018 (PC1304)		
05/31/2018	BAIL SUBMITTED TO CLERK; ORDER TO RECALL AND QUASH WARRANT FILED; HONORABLE JUDGE BAMBI J. MOYER%		
05/31/2018	WARRANT RECALL REQUESTED.		
05/29/2018	DECLARATION IN SUPPORT OF ARREST WARRANT FILED; JUDGE BAMBI J. MOYER		
05/29/2018	DECLARATION BY LAW ENFORCEMENT FOR WALK-THROUGH ARREST WARRANT AND ORDER.		
05/29/2018	CASE DESIGNATED OTHER: CASE ASSIGNED TO DEPT. 61.		
05/29/2018	COMPLAINT FILED. (IMAGED)		
05/29/2018	JURISDICTION SET TO RI BY OTS310.		
05/29/2018	COMPLAINT FILED BY CRVR1		

**Case RIF1802535 - BANERJEE, SANJOY - Fine Information**

Date To Pay: N/A First Payment: //  
 Prior NSF: N Payment Amount: \$0.00 Last Payment: //

Fine Number	Fine Type	Fine Description	Original Amount	Paid To Date	Current Due
<b>Total:</b>			\$0.00	\$0.00	\$0.00

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# **Exhibit 2**

Alex Padilla  
California Secretary of State

## Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Wednesday, November 20, 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.

**C2749467 SANJOY BANERJEE, M.D., INC.**

<b>Registration Date:</b>	05/24/2005
<b>Jurisdiction:</b>	CALIFORNIA
<b>Entity Type:</b>	DOMESTIC STOCK
<b>Status:</b>	ACTIVE
<b>Agent for Service of Process:</b>	SANJOY BANERJEE 2097 COMPTON AVE, STE 102 CORONA CA 92881
<b>Entity Address:</b>	2097 COMPTON AVE, STE 102 CORONA CA 92881
<b>Entity Mailing Address:</b>	STE 102 CORONA CA 92881

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

Document Type	ç	File Date	📄	PDF
SI-NO CHANGE		12/10/2018		
SI-COMPLETE		11/30/2013		
REGISTRATION		05/24/2005		

\* 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](#).

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

MAY 24 2005

**ARTICLES OF INCORPORATION  
OF  
SANJOY BANERJEE, M.D., INC.**

**I**

The name of the corporation is: **SANJOY BANERJEE, M.D., INC.**

**II**

The purpose of this 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.

**III**

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

Sanjoy Banerjee  
9648 Ramona Street  
Bellflower, CA 90706

**IV**

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 100,000, and all such shares are to be without par value. No distinction shall exist between the shares of the corporation and the holders thereof.

**V**

Only persons who are permitted to hold shares in a medical corporation pursuant to the laws of the State of California may act as shareholders of the corporation.

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

VI

The name and address of the person who is appointed to act as initial director is:

Sanjoy Banerjee, M.D.  
70 Shalimar Drive  
Rochester, NY 14618

VII

Pursuant to California Corporations Code Section 204.5, the liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

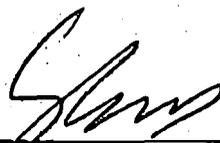
VIII

The corporation shall have the authority, as described under Section 317 of the California Corporations Code, to indemnify its agents to the fullest extent permissible under California law.

IX

The corporation shall have the authority, as described under Section 317 of the California Corporations Code, to purchase and maintain insurance on behalf of any agent of the corporation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such.

DATED: 5/23/ 2005

  
\_\_\_\_\_  
SANJOY BANERJEE, M.D.

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

DATED: 5/23/ 2005

  
\_\_\_\_\_  
SANJOY BANERJEE, M.D.



# 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**

EV35359

**FILED**

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

NOV-30 2013

**1. CORPORATE NAME**

SANJOY BANERJEE, M.D., INC.

**2. CALIFORNIA CORPORATE NUMBER**

C2749467

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
2097 COMPTON AVE STE 102, CORONA, CA 92881			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
2097 COMPTON AVE STE 102, CORONA, CA 92881			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE
2097 COMPTON AVE STE 102, CORONA, CA 92881			

**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
SANJOY BANERJEE	2097 COMPTON AVE STE 102, CORONA, CA 92881			
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
SHIKHA BANERJEE	2097 COMPTON AVE STE 102, CORONA, CA 92881			
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
SANJOY BANERJEE	2097 COMPTON AVE STE 102, CORONA, CA 92881			

**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
SANJOY BANERJEE	2097 COMPTON AVE STE 102, CORONA, CA 92881			
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: 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 [Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.]				
SANJOY BANERJEE				
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE	
2097 COMPTON AVE STE 102, CORONA, CA 92881				

**Type of Business**

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

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.

11/30/2013 SANJOY BANERJEE MD  
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE



# 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**

G230695

**FILED**

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

DEC-10 2018

1. CORPORATE NAME

SANJOY BANERJEE, M.D., INC.

2. CALIFORNIA CORPORATE NUMBER

C2749467

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
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.

12/10/2018 SANJOY BANERJEE CEO  
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

# **Exhibit 3**

**1295773422**

**SANJOY BANERJEE**

## **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.

**1295773422 SANJOY BANERJEE**

<i>NPI</i>	1295773422	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<i>Entity Type</i>	Individual	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>Is Sole Proprietor</i>	Y	Indicate whether provider is a sole proprietor. <ul> <li>A sole proprietor is the sole (the only) owner of a business that is not incorporated; that unincorporated business is a sole proprietorship.</li> <li>In a sole proprietorship, the sole proprietor owns all of the assets of the business and is solely liable for all of the debts of the business.</li> <li>There is no difference between a sole proprietorship and a sole proprietor; they are legally a single entity: an individual.</li> <li>In terms of NPI assignment, a sole proprietor is an Entity type 1 (Individual) and is eligible for only one NPI (the sole proprietorship business is not eligible for its own NPI).</li> <li>As an individual, a sole proprietorship cannot be a subpart and cannot have subparts. (See NPI Final Rule for information about subparts.)</li> <li>A sole proprietorship may or may not have employees.</li> <li>Often, the IRS assigns an EIN to a sole proprietorship in order to protect the sole proprietor's SSN from disclosure in claims or on W-2s. NPPES does not capture a sole proprietorship's EIN.</li> <li>Many types of health care providers could be sole proprietorships (for example, group practices, pharmacies, home health agencies).</li> </ul>
<i>Provider Last Name (Legal Name)</i>	BANERJEE	The last name of the provider (if an individual). If the provider is an individual, this is the legal name. This name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. (First and last names are required for initial applications.) The First, Middle, Last and Credential(s) fields allow the following special characters: ampersand, apostrophe, 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 First Name</i>	SANJOY	The first name of the provider, if the provider is an individual.

<i>Provider Credential Text</i>	M.D.	The abbreviations for professional degrees or credentials used or held by the provider, if the provider is an individual. Examples are MD, DDS, CSW, CNA, AA, NP, RNA, or PSY. These credential designations will not be verified by NPS.
<i>Provider First Line Business Mailing Address</i>	2097 COMPTON 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 102	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>	CORONA	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>	92881-7282	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>	951-735-7246	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>	951-268-9516	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>	2097 COMPTON 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 102	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>	CORONA	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>	92881-7282	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>	951-735-7246	The telephone number associated with the location address of the provider being identified.
<i>Provider Business Practice Location Address Fax Number</i>	951-268-9516	The fax number associated with the location address of the provider being identified.
<i>Provider Enumeration Date</i>	06/02/2006	The date the provider was assigned a unique identifier (assigned an NPI).
<i>Last Update Date</i>	09/29/2014	The date that a record was last updated or changed.
<i>Provider Gender Code</i>	M	The code designating the provider's gender if the provider is a person.
<i>Provider Gender</i>	Male	The provider's gender if the provider is a person.
<i>Healthcare Provider Taxonomy Code #1</i>	207L00000X	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>	Anesthesiology	Healthcare Provider Taxonomy #1
<i>Provider License Number 1</i>	A90939	Certain taxonomy selections will require you to enter your license number and the state where the license was issued. Select Foreign Country in the state drop down box if the license was issued outside of United States. The License Number field allows the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters. DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in this section.
<i>Provider License Number State Code 1</i>	CA	Provider License Number State Code #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>	00A909390	Other Provider Identifier #1
<i>Other Provider Identifier Type 1</i>	MEDICAID	Other Provider Identifier Type #1
<i>Other Provider Identifier State 1</i>	CA	Other Provider Identifier State #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>.