

**STATE OF CALIFORNIA** 

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION

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BA20242264988

For Office Use Only



File No.: BA20242264988

CLIFORT	1500 11th Str	California 95814			File No.: BA20242264988 Date Filed: 12/26/2024	
Entity Details						
Corporation Name				C. Curran Nursing and Wellness, APC		
Entity No.				6491975		
Formed In				IFORNIA		
Street Address of Princi	-	poration	F10			
Principal Address			5194 GODINEZ DR FONTANA, CA 92336			
Mailing Address of Corp	ooration					
Mailing Address				4 GODINEZ DR NTANA, CA 92336		
Attention			Corinne Curran			
Street Address of Califo	ornia Office of Co	rnoration				
Street Address of California Office of Corporation Street Address of California Office				e		
Officers						
Officer Name		Officer Address	Position(s)			
+ Corinne Marie Curran		5194 GODINEZ DR FONTANA, CA 92336	Chief Executive Officer, Chief Financial Officer, Secretary			
Additional Officers						
Officer Name		Officer Address		Position	Stated Position	
		Nor	ne Entere	ed		
F						
Directors						
Director Name			Director Address			
+ Corinne Marie Currran			5194 GODINEZ DR FONTANA, CA 92336			
The number of va	acancies on B	oard of Directors is: 0				
Agent for Service of Pro	ocess					
Agent Name			Garrett Curran			
Agent Address			5194 GODINEZ DR FONTANA, CA 92336			
Type of Business						
Type of Business				sing and Wellness		
Email Notifications Opt-in Email Notifications				Yes, I opt-in to receive entity notifications via email.		
		Corporation has an outstanc v, for which no appeal theref			Division of Labor Standards of any wage order or	

provision of the Labor Code.

Electronic Signature					
By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.					
Reyna Magana	12/26/2024				
Signature	Date				