



6367794

B3005-8527 08/30/2024 9:15 AM Received by California Secretary of State



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF INCORPORATION
CA PROFESSIONAL CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: 6367794

Date Filed: 8/30/2024

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Corporation Name | |
| Corporation Name Melinda N. Lamb MD, Inc. | |
| Initial Street Address of Principal Office of Corporation | |
| Principal Address 275 VICTORIA ST SUITE 2L COSTA MESA, CA 92627 | |
| Initial Mailing Address of Corporation | |
| Mailing Address 275 VICTORIA ST SUITE 2L COSTA MESA, CA 92627 | |
| Attention | |
| Directors | |
| Director Name | Director Address |
| Melinda Nicole Lamb MD | 275 VICTORIA ST SUITE 2L COSTA MESA, CA 92627 |
| Agent for Service of Process | |
| California Registered Corporate Agent (1505) | MOREY CPA & ASSOCIATES, INC. Registered Corporate 1505 Agent |
| Shares | |
| The total number of shares the corporation is authorized to issue is: 2,000 | |
| Does the corporation have more than one class or series of shares? No | |
| Purpose Statement | |
| The purpose of the 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. This corporation is a professional corporation within the meaning of California Corporations Code section 13400 et seq. | |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing. | |
| Electronic Signature | |
| <input checked="" type="checkbox"/> I declare that I am the person who executed this instrument, which execution is my act and deed. | |
| Melinda Nicole Lamb MD | 08/30/2024 |
| Director Signature | Date |