



BA20250235337

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**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**STATEMENT OF INFORMATION**  
**CORPORATION**

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

For Office Use Only

**-FILED-**

File No.: BA20250235337

Date Filed: 2/3/2025

## Entity Details

Corporation Name APEX Nursing Solutions Inc.  
Entity No. 6564594  
Formed In CALIFORNIA

## Street Address of Principal Office of Corporation

Principal Address 4725 ORION AVE, SUITE 104  
SHERMAN OAKS, CA 91403

## Mailing Address of Corporation

Mailing Address 4725 ORION AVE  
SUITE 104  
SHERMAN OAKS, CA 91403

Attention

## Street Address of California Office of Corporation

Street Address of California Office 4725 ORION AVE, SUITE 104  
SHERMAN OAKS, CA 91403

## Officers

Officer Name	Officer Address	Position(s)
<input checked="" type="checkbox"/> John Robert Uhtof	4725 ORION AVE APT 104 SHERMAN OAKS, CA 91403	Chief Executive Officer, Chief Financial Officer
<input checked="" type="checkbox"/> Edwin Stanley Cruz-Gonzalez	43327 21ST ST W LANCASTER, CA 93536	Secretary

## Additional Officers

Officer Name	Officer Address	Position	Stated Position
None Entered			

## Directors

Director Name	Director Address
<input checked="" type="checkbox"/> John Robert Uhtof	4725 ORION AVE APT 104 SHERMAN OAKS, CA 91403
<input checked="" type="checkbox"/> Edwin Stanley Cruz-Gonzalez	43327 21ST ST W LANCASTER, CA 93536

The number of vacancies on Board of Directors is: 0

## Agent for Service of Process

Agent Name John Robert Uhtof  
Agent Address 4725 ORION AVE, APT 104  
SHERMAN OAKS, CA 91403

## Type of Business

Type of Business Healthcare consulting

## Email Notifications

Opt-in Email Notifications	No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.
Labor Judgment No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.	
Electronic Signature <input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.  <div><i>John Robert Uhtof</i> Signature</div> <div><i>02/03/2025</i> Date</div>	