

STATE OF CALIFORNIA

CORPORATION

1500 11th Street

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

BA202300298

For Office Use Only



File No.: BA20250029811 Date Filed: 1/5/2025

Sacramento, California 95814							
(9	16) 657-5448						
Entity Details			-				
Corporation Name				Peninsula Specialty Speech Therapy, PC			
Entity No.				6514415			
Formed In				IFORNIA			
Street Address of Principal	Office of Corpo	ration					
Principal Address				1835 BAY LAUREL DRIVE WEST MENLO PARK, CA 94025			
			VVE	ST MENLO PARK, CA	94025		
Mailing Address of Corpora	tion		100		_		
Mailing Address				1835 BAY LAUREL DRIVE WEST MENLO PARK, CA 94025			
Attention	Attention				Brynn Schor		
			Biyi				
Street Address of California Office of Corporation Street Address of California Office None							
			NUI	C			
Officers			-				
Officer Name	ame Officer Address			Position(s)			
+ Brynn Schor	Schor 1835 BAY LAUREL DRIVE WEST MENLO PARK, CA 94025			Chief Executive Officer, Chief Financial Officer, Secretary			
Additional Officers							
Officer Nam	e	Officer Address		Position	Stated Position		
None			e Entere	ed			
]	
Directors							
	Director	Name		Director Address			
+ Brynn Schor				1835 BAY LAUREL DRIVE WEST MENLO PARK, CA 94025			
The number of vaca	ncies on Boa	ard of Directors is: 0					
Agent for Service of Proces	S						
Agent Name			Bryr	Brynn Schor			
Agent Address				1835 BAY LAUREL DRIVE WEST MENLO PARK, CA 94025			
Type of Business							
Type of Business			Spe	ech Language Patholo	ду		
Email Notifications							
Opt-in Email Notifications				, I opt-in to receive ent	ity notifications via email.		
	ourt of law, f	prporation has an outstand for which no appeal theref				Idards	

Electronic Signature					
By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.					
Brynn Schor	01/05/2025				
Signature	Date				