

STATE OF CALIFORNIA

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20241817083

For Office Use Only



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| LFORT | California Seci 1500 11th Stre Sacramento, C (916) 657-544 | eet California 95814 | | | File No.: BA20241817083 Date Filed: 10/13/2024 |
|---|---|-------------------------|--|----------|---|
| Entity Details Corporation Name Entity No. | | | Quick Gyno Physician Assistant, Inc. 6415875 | | |
| Formed In | | | CALIFORNIA | | |
| Street Address of Principal Office of Corporation Principal Address | | | 1820 WEST ORANGEWOOD AVENUE, SUITE 105 ORANGE, CA 92868 | | |
| Mailing Address of Corporation Mailing Address Attention | | | 1820 WEST ORANGEWOOD AVENUE, SUITE 105 ORANGE, CA 92868 | | |
| Street Address of California Office of Corporation Street Address of California Office | | | 1820 WEST ORANGEWOOD AVENUE, SUITE 105 ORANGE, CA 92868 | | |
| Officers | | | | | |
| Officer Name | Officer Address | | Position(s) | | |
| Image: Nohra1820 WEST ORANGEWOOD AVENUE, SAdams105ORANGE, CA 92868 | | | JITE Chief Executive Officer, Chief Financial Officer, Secretary | | |
| Additional Officers | | | | | |
| Officer Name | | Officer Address | | Position | Stated Position |
| | | None I | Entered | | |
| | | | | | |
| Directors | | | 1 | | |
| Director Name Nohra Adams | | | Director Address 1820 WEST ORANGEWOOD AVENUE, SUITE 105 ORANGE, CA 92868 | | |
| The number of va | acancies on Bc | oard of Directors is: 0 | I | | |
| Agent for Service of Process Agent Name Agent Address | | | Andrew R. Gale 1820 WEST ORANGEWOOD AVENUE, SUITE 104 ORANGE, CA 92868 | | |
| Type of Business Type of Business | | | Physician Assistant | | |
| Email Notifications Opt-in Email Notifications | | | No, I do NOT want to receive entity notifications via email. I | | |

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.

prefer notifications by USPS mail.

| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | | |
|--|--|--|--|--|--|--|
| 10/13/2024 | | | | | | |
| Date | | | | | | |
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