

provision of the Labor Code.

**STATE OF CALIFORNIA** 

CORPORATION

1500 11th Street

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

## 

BA20241842601

For Office Use Only



File No.: BA20241842601 Date Filed: 10/17/2024

Sacramento, California 95814					
(916) 657-544	48				
Entity Details					
Corporation Name		MO\	/E THERAPY		
Entity No.		6416	6752		
Formed In		CAL	IFORNIA		
Street Address of Principal Office of Cor	poration				
Principal Address			6811 BRENTMEAD AVE		
		ARC	ADIA, CA 91007		
Mailing Address of Corporation					
Mailing Address			L BRENTMEAD AVE ADIA, CA 91007		
Attention		AILC	ADIA, CA 91007		
Street Address of California Office of Co Street Address of California Of		6011	L BRENTMEAD AVE		
Street Address of California Office			ADIA, CA 91007		
Officers					
Officer Name	Officer Address			Position(s)	
+ TIGRAN MOVSESYAN	6811 BRENTMEAD AVE ARCADIA, CA 91007	Chief	Executive Officer, Ch	ief Financial Officer, Secretary	
Additional Officers					
Officer Name	Officer Address		Position	Stated Position	
	None	e Entere	d		
Directors					
Director Name			Dire	ector Address	
+ TIGRAN MOVSESIAN		6811	6811 BRENTMEAD AVE		
			ADIA, CA 91007		
The number of vacancies on B	oard of Directors is: 0				
Agent for Service of Process					
California Registered Corporate Agent (1505)			A TAX SERVICES istered Corporate 150	5 Agent	
Time of Business		- 5		0	
Type of Business Type of Business		РНҮ	PHYSICAL THERAPY SERVICES		
Email Notifications Opt-in Email Notifications		Voc	Lont-in to receive ent	ity notifications via email.	
•		165,		ity notifications via email.	
Labor Judgment	Cornoration has an outstand	na final	iudamont issued by	the Division of Labor Standards	
Enforcement or a court of law					

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Electronic Signature

By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.

AKOP MUSHEGYAN

10/17/2024

Date

Signature