

**STATE OF CALIFORNIA** 

CORPORATION

1500 11th Street

(916) 657-5448

California Secretary of State

Sacramento, California 95814

Office of the Secretary of State

STATEMENT OF INFORMATION

## 

BA20241986454

For Office Use Only



File No.: BA20241986454 Date Filed: 11/9/2024

| Entity Details<br>Corporation Name  | Symoun Saura PMHNP-BC, A Professional Nursing<br>Corporation |                                      |        |   |                         |  |  |
|---|--|--------------------------------------|--------|---|-------------------------|--|--|
| Entity No.  | 6454033  |                                      |        |   |                         |  |  |
| Formed In   |  | CALIFORNIA                           |        |   |                         |  |  |
| Street Address of Principal C   | Office of Corpo  | ration                               |        |   |                         |  |  |
| Principal Address   | 5329 E BERGH DR<br>ANAHEIM, CA 92807                         |                                      |        |   |                         |  |  |
| Mailing Address of Corporati<br>Mailing Address<br>Attention                              | 5329 E BERGH DR<br>ANAHEIM, CA 92807                         |                                      |        |   |                         |  |  |
|   |  |                                      |        |   |                         |  |  |
| Street Address of California Office of Corporation<br>Street Address of California Office |  |                                      |        | 5329 E BERGH DR<br>ANAHEIM, CA 92807                        |                         |  |  |
| Officers  |  |                                      |        |   |                         |  |  |
| Officer Name  | Officer Address  |                                      |        | Position(s)   |                         |  |  |
| + Gil S Saura   | Saura 5329 E BERGH DR<br>ANAHEIM, CA 92807                   |                                      |        | Chief Executive Officer, Chief Financial Officer, Secretary |                         |  |  |
| Additional Officers   |  |                                      |        |   |                         |  |  |
| Officer Name  | Officer Name Officer Ad                                      |                                      | dress  |   | Position                | Stated Position  |  |
|   |  |                                      | None E | Entere  | d                       |  |  |
| Directors   |  |                                      |        |   |                         |  |  |
| Director Name   |  |                                      |        | Director Address  |                         |  |  |
| + Gil S Saura   |  | 5329 E BERGH DR<br>ANAHEIM, CA 92807 |        |   |                         |  |  |
| The number of vacar   | cies on Boa  | ard of Directors is: 0               |        |   |                         |  |  |
| Agent for Service of Process Agent Name Gil Saura   |  |                                      |        |   |                         |  |  |
| Agent Address   | 5329 E BERGH DR<br>ANAHEIM, CA 92807                         |                                      |        |   |                         |  |  |
| Type of Business<br>Type of Business  |  |                                      |        | Nursing   |                         |  |  |
| Email Notifications<br>Opt-in Email Notifications   |  |                                      |        | Yes,  | I opt-in to receive ent | ity notifications via email.                               |  |
|   | ourt of law,   |                                      |        |   |                         | the Division of Labor Standards<br>on of any wage order or |  |

| Electronic Signature   |            |  |  |  |  |  |
|--|------------|--|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. |            |  |  |  |  |  |
|  |            |  |  |  |  |  |
| G Saura  | 11/09/2024 |  |  |  |  |  |
|  |            |  |  |  |  |  |
| Signature  | Date       |  |  |  |  |  |
|  |            |  |  |  |  |  |