





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

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

For Office Use Only

-FILED-

File No.: BA20250154125 Date Filed: 1/22/2025

Е	ntity Details				
Corporation Name			Access Behavioral Care Management		
Entity No. Formed In			6535691 CALIFORNIA		
					s
	Principal Address	S	44315 57TH ST W LANCASTER, CA 93536		
M	lailing Address of Cor	poration			
	Mailing Address		44315 57TH ST W LANCASTER, CA 93536		
	Attention				
s	treet Address of Califo	ornia Office of Corporation			
Street Address of California Office			None		
o	fficers				
	Officer Name	Officer Address	Position(s)		
	+ Grace Ac	44315 57TH ST W LANCASTER, CA 93536	Chief Executive Officer, Chief Financial Officer, Secretary		

Officer Name	Officer Address	Position	Stated Position		
None Entered					

Directors

Director Name	Director Address	
+ Grace Acdan	44315 57TH ST W LANCASTER, CA 93536	

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name Grace Acdan Agent Address 44315 57TH ST W LANCASTER, CA 93536

Type of Business

Type of Business **Nurse Practitioner**

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					
By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.					
marvy wagdy	01/22/2025				
Signature	Date				