



BA20250275937

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

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

For Office Use Only

**-FILED-**

File No.: BA20250275937

Date Filed: 2/6/2025

Entity Details			
Corporation Name	Voyage Healthcare Solutions, Inc.		
Entity No.	6571762		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343		
Mailing Address of Corporation			
Mailing Address	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343		
Attention			
Street Address of California Office of Corporation			
Street Address of California Office	None		
Officers			
Officer Name	Officer Address	Position(s)	
+ Justin Angeles	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343	Chief Executive Officer	
+ Godofredo Angeles, Jr.	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343	Chief Financial Officer	
+ May Angeles	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343	Secretary	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
None Entered			
Directors			
Director Name	Director Address		
+ Justin Angeles	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343		
+ Godofredo Angeles, Jr.	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343		
+ May Angeles	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343		
The number of vacancies on Board of Directors is: 0			

Agent for Service of Process	
Agent Name	Justin Angeles
Agent Address	16134 NORDHOFF STREET SUITE B NORTH HILLS, CA 91343
Type of Business	
Type of Business	Dental Practice
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	
<input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.	
<i>Ma. Rita S. Vesagas</i>	<i>02/06/2025</i>
Signature	Date