

STATE OF CALIFORNIA

CORPORATION

1500 11th Street

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20241617060

For Office Use Only



File No.: BA20241617060 Date Filed: 9/9/2024

Stated Position

Sacramento, California 95814						
(916) 657-5448						
Entity Details						
Corporation Name			PACIFIC WOUND CARE AND WELLNESS INC.			
Entity No.			6368281			
Formed In			CAL	IFORNIA		
Street Address of Principal Office of Corpo	ration					
Principal Address	300 S. MOUNTAIN AVE. #1114					
				AND, CA	91786	
Mailing Address of Corporation						
Mailing Address		300 S. MOUNTAIN AVE.				
	#1114 UPLAND, CA 91786					
A.V. 17			UPL	AND, CA	91786	
Attention						
Street Address of California Office of Corpo						
Street Address of California Office		None				
Officers		1			1	
Officer Name		Officer Address		Position(s)		
 ABID A RIZVI 		300 S. MOUNTAIN AVE.			Chief Exec	cutive Officer, Secretary
		#1114 UPLAND, CA 91786				
NORRIS D MORRISON				Chiof Eina	ncial Officer	
		300 S. MOUNTAIN AVE. #1114				
		UPLAND, CA 91786				
Additional Officers					1	
Officer Name		Officer Address	Po		osition	Stated Position
		None	Entere	d		
Directors			1			
Director Name			Director Address			
 ABID A RIZVI 			300 S. MOUNTAIN AVE.			
			#111 UPL/	.4 AND, CA	91786	
NORRIS D MORRISON			300 S. MOUNTAIN AVE.			
			#1114			
			UPL/	AND, CA	91786	
The number of vacancies on Boa	ard of E	Directors is: 0				
Agent for Service of Process						
Agent Name			ABID A RIZVI			
Agent Address			300 S. MOUNTAIN AVE.			
9		#1114				
			UPL	AND, CA	91786	
Type of Business						

Type of Business	WOUND CARE AND WELLNESS					
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.						
ABID A RIZVI	09/09/2024					
Signature	Date					