





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.: BA20242070965 Date Filed: 11/24/2024

| Entity Details | | | | | |
|--|--|---------------------------------------|---|--|--|
| Corporation Name | | | Teodor A Manaois DDS, APC | | |
| Entity No. | | | 6471009 | | |
| Formed In | | | CALIFORNIA | | |
| Street Address of Principal Office of Corporation | | | | | |
| Principal Address | | | 2645 OCEAN AVE | | |
| | | | 210 | | |
| | | | SAN FRANCISCO, CA 94132 | | |
| Mailing Address of Corporation | | | | | |
| Mailing Address | | | 2645 OCEAN AVE | | |
| | | | 210 SAN FRANCISCO, CA 04123 | | |
| | | | SAN FRANCISCO, CA 94132 | | |
| Attention | | | | | |
| Street Address of California Office of Corporation | | | | | |
| 5 | Street Address of California Office None | | | | |
| Officers | | | | | |
| | Officer Name | Officer Address | Position(s) | | |
| | + Teodor A Manaois | 4 BEACHSIDE CT DALY CITY, CA 94015 | Chief Executive Officer, Chief Financial Officer, Secretary | | |

| Additional Officers | 3 |
|---------------------|---|
|---------------------|---|

| Officer Name | Officer Address | Position | Stated Position | |
|--------------|-----------------|----------|-----------------|--|
| None Entered | | | | |

Directors

| Director Name | Director Address |
|--------------------|---------------------------------------|
| + Teodor A Manaois | 4 BEACHSIDE CT DALY CITY, CA 94015 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name Teodor A Manaois Agent Address 2645 OCEAN AVE 210

SAN FRANCISCO, CA 94132

Type of Business

Dentistry Type of Business

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. | | | | | |
| Teodor A Manaois DDS | 11/24/2024 | | | | |
| Signature | Date | | | | |
| | | | | | |