

**STATE OF CALIFORNIA** 

California Secretary of State

Office of the Secretary of State

**ARTICLES OF INCORPORATION** CA PROFESSIONAL CORPORATION



6413878

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File No.: 6413878

|   | Sacramento, California 95814<br>(916) 657-5448                                    |  | Date Filed: 10/6/2024           |
|---|---|--|---------------------------------|
|   |   |  |                                 |
| Corporation Name<br>Corporation Nam                     | le  | DirectCare Physical Therapy  | Inc.                            |
| Initial Street Address of<br>Principal Address          | f Principal Office of Corporation<br>S  | 833 E. ELMWOOD AVE.<br>BURBANK, CA 91501   |                                 |
| Initial Mailing Address of Mailing Address              | of Corporation  | 833 E. ELMWOOD AVE.<br>BURBANK, CA 91501   |                                 |
| Attention   | 20000   |  |                                 |
| Agent for Service of Pro<br>Agent Name<br>Agent Address | DCESS   | Lernuhi Meloyan<br>833 E. ELMWOOD AVE.<br>BURBANK, CA 91501  |                                 |
|   | r of shares the corporation is authorize<br>ation have more than one class or ser |  |                                 |
| the banking or tru                                      | ust company business) not prohibited  | fession of Physical Therapy and any ot<br>to a corporation engaging in such profe<br>ation within the meaning of California Co | ession by applicable laws and   |
| Additional inforn made part of this                     |   | tached pages, if any, are incorporated   | d herein by reference and       |
| Electronic Signature                                    |   |  |                                 |
|   | this box, I acknowledge that I am ele<br>nformation is true and correct.          | ctronically signing this document as the   | incorporator of the Corporation |
| Hakop J. Petros   | syan  | 10/06/2024   |                                 |
| Incorporator Sigr                                       | nature  | Date   |                                 |