

BA20241727416

For Office Use Only



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

-FILED-

File No.: BA20241727416 Date Filed: 9/27/2024

| Entity Details Corporation Name | | Brian Chang DDS PC | |
|--|-------------------------------------|---|--|
| | | 6385777 | |
| Entity No. | | | |
| Formed In | | CALIFORNIA | |
| Street Address of Principal Office of Co | orporation | | |
| Principal Address | | 416 CATALPA RD | |
| | | ARCADIA, CA 91007 | |
| Mailing Address of Corporation | | | |
| Mailing Address | | 416 CATALPA RD | |
| | | ARCADIA, CA 91007 | |
| Attention | | Brian Chang, D.D.S. | |
| Street Address of California Office of C | Corporation | | |
| Street Address of California Office | | 416 CATALPA RD | |
| | | ARCADIA, CA 91007 | |
| Officers | | | |
| Officer Name | Officer Address | Position(s) | |
| + Brian Chang D.D.S. | 416 CATALPA RD ARCADIA, CA 91007 | Chief Executive Officer, Chief Financial Officer, Secretary | |

Additional Officers

| Officer Name | Officer Address | Position | Stated Position |
|----------------------|-------------------------------------|-----------|-----------------|
| + Brian Chang D.D.S. | 416 CATALPA RD ARCADIA, CA 91007 | Treasurer | |

Directors

| Director Name | Director Address |
|---|--|
| + Brian Chang D.D.S. | 416 CATALPA RD ARCADIA, CA 91007 |
| The number of vacancies on Board of Directors | s is: 0 |
| Agent for Service of Process | |
| Agent Name | Brian Chang D.D.S. |
| Agent Address | 416 CATALPA RD ARCADIA, CA 91007 |
| Type of Business | |
| Type of Business | Dentistry |
| Email Notifications | |
| Opt-in Email Notifications | No, I do NOT want to receive entity notifications via email. I |

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. | | | | |
| Michael Kowalski | 09/27/2024 | | | |
| Signature | Date | | | |
| | | | | |