



BA20231874052



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

California Secretary of State  
1500 11th Street  
Sacramento, California 95814  
(916) 653-3516

For Office Use Only

**-FILED-**

File No.: BA20231874052

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Entity Details			
Corporation Name	AESTHETIC AND RECONSTRUCTIVE PLASTIC SURGRY MEDICAL ASSOCIATES, INC.		
Entity No.	0695728		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	4165 BLACKHAWK PLAZA CIRCLE STE. 150 DANVILLE, CA 94506		
Mailing Address of Corporation			
Mailing Address	4165 BLACKHAWK PLAZA CIRCLE STE. 150 DANVILLE, CA 94506		
Attention	Brett (Optional) Stompro		
Street Address of California Office of Corporation			
Street Address of California Office	4165 BLACKHAWK PLAZA CIRCLE STE. 150 DANVILLE, CA 94506		
Officers			
Officer Name	Officer Address	Position(s)	
BRETT ERIC STOMPRO	4165 BLACKHAWK PLAZA CIRCLE. STE. 150 DANVILLE, CA 94506	Chief Executive Officer	
Chester Kim Cheng	4165 Blackhawk Plaza Circle. Ste. 150 Danville, CA 94506	Secretary	
Janice Stompro	4165 Blackhawk Plaza Circle. Ste. 150 Danville, CA 94506	Chief Financial Officer	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
None Entered			
Directors			
Director Name	Director Address		
Brett Eric Stompro	4165 Blackhawk Plaza Circle. Ste. 150 Danville, CA 94506		
The number of vacancies on Board of Directors is: 0			
Agent for Service of Process			
Agent Name	Brett (Optional) Stompro		
Agent Address	4165 BLACKHAWK PLAZA CIRCLE STE. 150 DANVILLE, CA 94506		
Type of Business			
Type of Business	MEDICAL OFFICE		

Email Notifications	
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
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.
<u>Linda D. Souza</u>	<u>12/12/2023</u>
Signature	Date