

STATE OF CALIFORNIA

CORPORATION

1500 11th Street

(916) 657-5448

California Secretary of State

Sacramento, California 95814

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20241718167

For Office Use Only



File No.: BA20241718167 Date Filed: 9/26/2024

| Entity Details | | | | | | | | |
|--|-----------------------|--|---|--|----------|-------|-------------|--|
| Corporation Name | | | | EMPOWER PELVIC HEALTH & PHYSICAL THERAPY CORP. | | | | |
| Entity No. | | | | 6399410 | | | | |
| Formed In | | | | CALIFORNIA | | | | |
| Street Address of Principal | Office of Corpo | oration | | | | | | |
| Principal Address | | | | 1072 REED AVE, APT 54 SUNNYVALE, CA 94086 | | | | |
| Mailing Address of Corpora | ition | | | | | | | |
| Mailing Address | | | | 1072 REED AVE, APT 54 SUNNYVALE, CA 94086 | | | | |
| Attention | | | | | | | | |
| Street Address of California Office of Corporation | | | | | | | | |
| Street Address of California Office | | | | None | | | | |
| Officers | | | i | | | | | |
| Officer Name | Officer Address | | | Position(s) | | | | |
| + Monica Rai | 1072 REEL SUNNYVAI | Chief E | Chief Executive Officer, Chief Financial Officer, Secretary | | | | | |
| Additional Officers | | | | | | | | |
| Officer Name | | Officer Address | | | Position | State | ed Position | |
| | | | Intered | | | | | |
| Directors | | | | | | | | |
| Director Name | | | | Director Address | | | | |
| + Monica Rai | | | | 1072 REED AVE, APT 54 | | | | |
| | | | | SUNNYVALE, CA 94086 | | | | |
| The number of vaca | ncies on Bo | ard of Directors is: 0 | | | | | | |
| Agent for Service of Proces | S | | | | | | | |
| Agent Name | | | | Monica Rai | | | | |
| Agent Address | | | | 1072 REED AVE APT 54 SUNNYVALE, CA 94086 | | | | |
| Type of Business | | | | | | | | |
| Type of Business | | | | Physical Therapy | | | | |
| Email Notifications Opt-in Email Notifications | | | | Yes, I opt-in to receive entity notifications via email. | | | | |
| | ourt of law, | orporation has an outs for which no appeal th | | | | | | |

| Electronic Signature | | | | | | |
|--|------------|--|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | | |
| | | | | | | |
| Sam Mollaei | 09/26/2024 | | | | | |
| Signature | Date | | | | | |
| | | | | | | |