



BA20250063789

B3337-1179 01/09/2025 1:44 PM Received by California Secretary of State



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.: BA20250063789

Date Filed: 1/9/2025

Entity Details			
Corporation Name	Palmetto Psychology Clinic, Inc.		
Entity No.	6519303		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	4104 24TH STREET #930 SAN FRANCISCO, CA 94114		
Mailing Address of Corporation			
Mailing Address	4104 24TH STREET #930 SAN FRANCISCO, CA 94114		
Attention			
Street Address of California Office of Corporation			
Street Address of California Office	4104 24TH STREET #930 SAN FRANCISCO, CA 94114		
Officers			
Officer Name	Officer Address	Position(s)	
+ Caroline Dickens	4104 24TH STREET #930 SAN FRANCISCO, CA 94114	Chief Executive Officer	
+ Julia Birt	4104 24TH STREET #930 SAN FRANCISCO, CA 94114	Chief Financial Officer	
+ Kayla Jimenez	4104 24TH STREET #930 SAN FRANCISCO, CA 94114	Secretary	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
None Entered			
Directors			
Director Name	Director Address		
+ Caroline Dickens	4104 24TH STREET #930 SAN FRANCISCO, CA 94114		
+ Julia Birt	4104 24TH STREET #930 SAN FRANCISCO, CA 94114		
+ Kayla Jimenez	4104 24TH STREET #930 SAN FRANCISCO, CA 94114		
The number of vacancies on Board of Directors is: 0			
Agent for Service of Process			
Agent Name	David Leatherberry		
Agent Address	11440 W BERNARDO CT SUITE 300 SAN DIEGO, CA 92127		
Type of Business			

Type of Business	Psychology
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.
<i>Karen Stuckey</i> Signature	<i>01/09/2025</i> Date