



BA20241801166

B3103-3481 10/09/2024 4:04 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.: BA20241801166

Date Filed: 10/9/2024

| | | | |
|---|--|-------------------------|-----------------|
| Entity Details | | | |
| Corporation Name | FULL CARE HOMEHEALTH, INC. | | |
| Entity No. | 6415373 | | |
| Formed In | CALIFORNIA | | |
| Street Address of Principal Office of Corporation | | | |
| Principal Address | 223 E THOUSAND OAKS BLVD SUITE 320 THOUSAND OAKS, CA 91360 | | |
| Mailing Address of Corporation | | | |
| Mailing Address | 223 E THOUSAND OAKS BLVD SUITE 320 THOUSAND OAKS, CA 91360 | | |
| Attention | | | |
| Street Address of California Office of Corporation | | | |
| Street Address of California Office | None | | |
| Officers | | | |
| Officer Name | Officer Address | Position(s) | |
| + KATHLEEN VERGEL DE DIOS | 223 E THOUSAND OAKS BLVD SUITE 320 THOUSAND OAKS, CA 91360 | Chief Executive Officer | |
| + VLADA DAVIDYAN | 223 E THOUSAND OAKS BLVD SUITE 320 THOUSAND OAKS, CA 91360 | Chief Financial Officer | |
| + CONNIE ROUSH | 223 E THOUSAND OAKS BLVD SUITE 320 THOUSAND OAKS, CA 91360 | Secretary | |
| Additional Officers | | | |
| Officer Name | Officer Address | Position | Stated Position |
| None Entered | | | |
| Directors | | | |
| Director Name | Director Address | | |
| + KATHLEEN VERGEL DE DIOS | 223 E THOUSAND OAKS BLVD STE 320 THOUSAND OAKS, CA 91360 | | |
| The number of vacancies on Board of Directors is: 0 | | | |
| Agent for Service of Process | | | |
| California Registered Corporate Agent (1505) | ESCOCHECKS INC Registered Corporate 1505 Agent | | |
| Type of Business | | | |
| Type of Business | HOME HEALTH AGENCY | | |

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|---|--|
| 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>ROY ESCOSAR</u> | <u>10/09/2024</u> |
| Signature | Date |