

ARTS-PC

For Office Use Only

## -FILED-

File No.: 6406100 Date Filed: 9/26/2024

Fifing Fee - \$100.00

Certified Copy Fee (Optional) - \$5.00

Note: Corporations may have to pay a minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a>.

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1. Corporate Name	(Contact the California state board or agency that controls your profession to find out if your profession is authorized to be a corporation in California and if there are any specific corporate name style rules. Go
-	to <u>www.sos.ca.gov/business/be/name-reservations</u> for general corporate name requirements and restrictions.)

The name of the professional corporation is Autism Diagnosis Group CA, P.C.

2. Business Addresses (Enter the complete business addresses, item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
6340 N. Eldridge Pkwy, Ste N #423	Houston	TX_	77041
b. Initial Mailing Address of Corporation, If different than item 2a	City (no abbreviations)	State	Zip Code
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3. Service of Process (Must provide either Individual OR Corporation.)

**INDIVIDUAL** - Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (& agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	-	State	Zip Cod	ie .
			CA		

CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (If agent is a corporation) -- Do not complete Item 3a or 3b

Platinum Registered Agents Inc.

4. Shares (Enter the number of shares the corporation is authorized to issue. Do not leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock. The total number of shares which this corporation is authorized to issue is 200

5. Purpose Statement (Contact the California state board or agency that controls your profession to find out if your profession is authorized to be a corporation in California. Go to dca.ca.gov/about\_us/entities.shtml for more information.)

The purpose of the corporation is to engage in the profession of <u>medicine</u> and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a **professional corporation** within the meaning of California Corporations Code section 13400 et seq.

6.	Read	and 8	3lgn	Below	(This	form	must	be t	signed	by	each	incom	oralor	,
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Signature

Atin Saha, M.D.

Type or Print Name