



BA20242061903



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.: BA20242061903 Date Filed: 11/22/2024

| ALLYCARE HEALTH CONNECTION INC | | |
|-----------------------------------|--|--|
| 6466546 | | |
| CALIFORNIA | | |
| | | |
| 7520 BOTANY ST CHINO, CA 91708 | | |
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| 7520 BOTANY ST CHINO, CA 91708 | | |
| JOYCE FAULK | | |
| | | |
| 7520 BOTANY ST CHINO, CA 91708 | | |
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Officers

| Officer Name | Officer Address | Position(s) |
|--------------------|-----------------------------------|---|
| JOYCE CREMAT FAULK | 7520 BOTANY ST CHINO, CA 91708 | Chief Executive Officer, Chief Financial Officer, Secretary |

Additional Officers

| Officer Name | Officer Address | Position | Stated Position | |
|--------------|-----------------|----------|-----------------|--|
| None Entered | | | | |

Directors

| Director Name | Director Address |
|----------------------|-----------------------------------|
| + JOYCE CREMAT FAULK | 7520 BOTANY ST CHINO, CA 91708 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name CAROLINE DIAZ

Agent Address 9813 MARKLEIN AVE

NORTH HILLS, CA 91343

Type of Business

Type of Business CONSULTING AND MANAGEMENT SERVICES

Email Notifications

Opt-in Email Notifications

No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.

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 | | | | |
|--|------------|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | |
| | | | | |
| JOYCE FAULK | 11/22/2024 | | | |
| Signature | Date | | | |
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