**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.: BA20241911240

Date Filed: 10/29/2024

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**Entity Details**

| | |
|---|---|
| Corporation Name | Dahlia Ackerman NP, Nursing Corporation |
| Entity No. | 6435716 |
| Formed In | CALIFORNIA |

**Street Address of Principal Office of Corporation**

| | |
|---|---|
| Principal Address | 5719 GREENHORN MOUNTAIN CT. BAKERSFIELD, CA 93313 |

**Mailing Address of Corporation**

| | |
|---|---|
| Mailing Address | 5719 GREENHORN MOUNTAIN CT. BAKERSFIELD, CA 93313 |
| Attention | |

**Street Address of California Office of Corporation**

| | |
|---|---|
| Street Address of California Office | 5719 GREENHORN MOUNTAIN CT. BAKERSFIELD, CA 93313 |

**Officers**

| Officer Name | Officer Address | Position(s) |
|---|---|---|
| + Dahlia Ackerman | 5719 GREENHORN MOUNTAIN CT. BAKERSFIELD, CA 93313 | Chief Executive Officer, Chief Financial Officer, Secretary |

**Additional Officers**

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

**Directors**

| Director Name | Director Address |
|---|---|
| + Dahlia Ackerman | 5719 GREENHORN MOUNTAIN CT. BAKERSFIELD, CA 93313 |

The number of vacancies on Board of Directors is: 0

**Agent for Service of Process**

| | |
|---|---|
| Agent Name | DAHLIA ACKERMAN |
| Agent Address | 5719 GREENHORN MOUNTAIN CT BAKERSFIELD, CA 93313 |

**Type of Business**

| | |
|---|---|
| Type of Business | Professional Nursing Services |

**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**

☒  By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.

*Laura E. Ward*
———————————————
Signature

*10/29/2024*
———————————————
Date