





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.: BA20250104509 Date Filed: 1/15/2025

| Entity Details | | | |
|---|---|---|--|
| Corporation Name | | FAB DERMATOLOGY INC. | |
| Entity No. | | 6530889 | |
| Formed In | | CALIFORNIA | |
| Street Address of Principal Office of C | Corporation | | |
| Principal Address | | 4655 CASS STREET STE 406 SAN DIEGO, CA 92109 | |
| Mailing Address of Corporation | | | |
| Mailing Address | | P.O. BOX 90834 SAN DIEGO, CA 92169 | |
| Attention | | | |
| Street Address of California Office of | Corporation | | |
| Street Address of California Office | | None | |
| Officers | | | |
| Officer Name | Officer Address | Position(s) | |
| JORDAN FABRIKANT | 4655 CASS STREET STE 406 SAN DIEGO, CA 92109 | Chief Executive Officer, Chief Financial Officer, Secretary | |

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

Directors

| Director Name | Director Address | |
|--------------------|---|--|
| + JORDAN FABRIKANT | 4655 CASS STREET STE 406 SAN DIEGO, CA 92109 | |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

California Registered Corporate Agent (1505) SAN DIEGO CORPORATE LAW, A PROFESSIONAL LAW

CORPORATION

Registered Corporate 1505 Agent

Type of Business

Type of Business MEDICAL PRACTICE

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. | | | | | |
| | | | | | |
| MICHAEL J. LEONARD, ESQ. | 01/15/2025 | | | | |
| Signature | Date | | | | |
| | | | | | |