



BA20250434375



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.: BA20250434375 Date Filed: 3/3/2025

Entity Details					
Corporation Name		TC	TOMARC HEALTH SOLUTIONS		
Entity No.		В2	B20250003906		
Formed In		CA	CALIFORNIA		
Street Address of Principa	l Office of Corporation				
Principal Address			755 NORTH FOXDALE AVENUE WEST COVINA, CA 91790		
Mailing Address of Corpor	ation				
Mailing Address			755 NORTH FOXDALE AVENUE		
		WI	WEST COVINA, CA 91790		
Attention					
Street Address of Californ	ia Office of Corporation				
Street Address of California Office		. •	755 NORTH FOXDALE AVENUE		
		W	EST COVINA, CA 91790		
Officers					
Officer Name	Officer Address		Position(s)		
+ Tomas Rios	755 NORTH FOXDALE AVENUE WEST COVINA, CA 91790		Chief Executive Officer, Chief Financial Officer		
+ Marc Rios	755 NORTH FOXDALE AVENUE		Secretary		

ا م ما ما ناه الم ۸	O#:
Additional	Officers

Officer Name	Officer Address	Position	Stated Position	
None Entered				

Directors

Director Name	Director Address	
+ Tomas Rios	755 NORTH FOXDALE AVENUE WEST COVINA, CA 91790	
+ Marc Rios	755 NORTH FOXDALE AVENUE WEST COVINA, CA 91790	
+ Vasula Samarasinghe	755 NORTH FOXDALE AVENUE WEST COVINA, CA 91790	

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

California Registered Corporate Agent (1505)

SPIEGEL & UTRERA, P.C.

Pagintaged Corporate 1505 Agent (1505)

Registered Corporate 1505 Agent

Type of Business

Type of Business Health Solutions

WEST COVINA, CA 91790

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.				
Tomas Rios Signature	03/03/2025 Date			