

STATE OF CALIFORNIA

Office of the Secretary of State

BA20250426309

For Office Use Only



| | Califorr 1500 1 Sacram | PORA nia Secr 1th Stre | etary of State et alifornia 95814 | | File No.: BA20250426309 Date Filed: 2/28/2025 |
|---|------------------------------|--------------------------------------|---|---|--|
| Entity Details Corporation Name Entity No. Formed In | | | | TIBONG THERAPEUTIC SERVICES B20250003152 CALIFORNIA | |
| Street Address of Principal Office of Corporation Principal Address | | | | 15658 OLIVE BRANCH DRIVE LA MIRADA, CA 90638 | |
| Mailing Address of Corporation Mailing Address Attention | | | | 15658 OLIVE BRANCH DRIVE LA MIRADA, CA 90638 | |
| Street Address of California Office of Corporation Street Address of California Office | | | | 15658 OLIVE BRANCH DRIVE LA MIRADA, CA 90638 | |
| Officers | | | | | |
| Officer Name C | | Officer Address | Position(s) | | |
| | | OLIVE BRANCH DRIVE RADA, CA 90638 | Chief Executive Officer, Secretary, Chief Financial Officer | | |
| Additional Officare | | | | | |
| Additional Officers Officer Name | | | Officer Address | Position | Stated Position |
| | | | None Entered | | |
| | | | | | |
| Directors | | | | - | |
| Director Name | | | | Director Address | |
| + Steven Arboleda | | | | 15658 OLIVE BRANCH DRIVE LA MIRADA, CA 90638 | |
| The number of va | cancies | s on Bo | ard of Directors is: 0 | | |
| Agent for Service of Process Agent Name Agent Address | | | | RAUL PURIFICACION 3350 SHELBY ST SUITE 200 ONTARIO, CA 91764-4882 | |
| Type of Business | | | | | |
| Type of Business | | | | Physical Therapy | |
| 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. | | | | | | |
| | | | | | | |
| Steven Arboleda | 02/28/2025 | | | | | |
| Signature | Date | | | | | |
| | | | | | | |