

**STATE OF CALIFORNIA** 

California Secretary of State

Sacramento, California 95814

1500 11th Street

(916) 657-5448

Office of the Secretary of State

ARTICLES OF INCORPORATION CA PROFESSIONAL CORPORATION



6420592

For Office Use Only



File No.: 6420592 Date Filed: 10/10/2024

| Corporation Name   |                          |
|--|--------------------------|
|  | Cut Curu MD, Inc.        |
| Corporation Name   | Gut Guru MD, Inc.        |
| Initial Street Address of Principal Office of Corporation  |                          |
| Principal Address  | 500 S. ANAHEIM HILLS RD. |
|  | SUITE 200                |
|  | ANAHEIM, CA 92807        |
| Initial Mailing Address of Corporation   |                          |
| Mailing Address  | 500 S. ANAHEIM HILLS RD. |
|  | SUITE 200                |
|  | ANAHEIM, CA 92807        |
| Attention  | Ivan Paul Martinez       |
| Agent for Service of Process   |                          |
| Agent Name   | Ivan Paul Martinez       |
| Agent Address  | 500 S. ANAHEIM HILLS RD. |
|  | SUITE 200                |
|  | ANAHEIM, CA 92807        |
| Shares   |                          |
| The total number of shares the corporation is authorized to issue is: 10,000   |                          |
| Does the corporation have more than one class or series of shares? No  |                          |
|  |                          |
| Purpose Statement  |                          |
| The purpose of the corporation is to engage in the profession of Medicine and any other lawful activities (other than the  |                          |
| banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a professional corporation within the meaning of California Corporations Code section 13400 |                          |
| et seq.  |                          |
|  |                          |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and  |                          |
| made part of this filing.  |                          |
| Electronic Signature   |                          |
| By checking this box, I acknowledge that I am electronically signing this document as the incorporator of the Corporation  |                          |
| and that all information is true and correct.  |                          |
|  |                          |
|  |                          |
| Lee Petrohilos   | 10/10/2024               |
| Incorporator Signature   | Date                     |
|  |                          |