



BA20241836630



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.: BA20241836630

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Entity Details

Corporation Name	Divine Agape Medical Health, Inc.
Entity No.	6421874
Formed In	CALIFORNIA

Street Address of Principal Office of Corporation

Principal Address	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036
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Mailing Address of Corporation

Mailing Address	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036
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Attention

Street Address of California Office of Corporation

Street Address of California Office	None
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Officers

Officer Name	Officer Address	Position(s)
+ MAE BEVERLY DOMINGO	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036	Chief Executive Officer
+ JOHN ISIDORE MAGLASANG	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036	Chief Financial Officer, Secretary

Additional Officers

Officer Name	Officer Address	Position	Stated Position
+ ARNOLD DOMINGO	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036	Vice President	

Directors

Director Name	Director Address
+ MAE BEVERLY DOMINGO	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036
+ ARNOLD DOMINGO	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036
+ JOHN ISIDORE MAGLASANG	300 E ESPLANE DRIVE 16TH FLOOR, SUITE 1670 OXNARD, CA 93036

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name	ROY SCHNEIDER
Agent Address	300 E ESPLANADE DRIVE SUITE 1980 OXNARD, CA 93036
Type of Business	Medical and Non-Medical Care Services
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	<input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.
<u>ROY SCHNEIDER</u> Signature	<u>10/16/2024</u> Date