



BA20241561450



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.: BA20241561450 Date Filed: 8/29/2024

| Entity Details | | | |
|--|--|--|--|
| Corporation Name | Dignity & Hope Medical Inc | | |
| Entity No. | 6363217 | | |
| Formed In | CALIFORNIA | | |
| Street Address of Principal Office of Corporation | | | |
| Principal Address | 382 N MCKELVY AVE APT 334 CLOVIS, CA 93611 | | |
| Mailing Address of Corporation | | | |
| Mailing Address | 382 N MCKELVY AVE APT 334 CLOVIS, CA 93611 | | |
| Attention | | | |
| Street Address of California Office of Corporation | | | |
| Street Address of California Office | None | | |

| Officer Name | Officer Address | Position(s) |
|----------------------------------|---|--|
| + CAROLINE B NYAMWEYA TEKESTE | 382 N MCKELVY AVE APT 334 CLOVIS, CA 93611 | Chief Executive Officer, Chief Financial Officer, Secretary |

Additional Officers

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

Directors

| Director Name | Director Address |
|-------------------------------|--|
| + CAROLINE B NYAMWEYA TEKESTE | 382 N MCKELVY AVE APT 334 CLOVIS, CA 93611 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name ANNA AGBINCOLA

Agent Address 130 S MOUNTAIN AVE STE K

UPLAND, CA 91786

Type of Business

Type of Business MEDICAL SERVICES

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 | n is true and correct and that I am authorized by California law to sign. | | | |
| ANNA AGBINCOLA | 08/29/2024 | | | |
| Signature | Date | | | |