

STATE OF CALIFORNIA

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION



For Office Use Only



File No.: BA20250100187 d: 1/15/2025

CLIFORM	1500 11th S	, California 95814			File No.: BA20250100187 Date Filed: 1/15/2025	
Entity Details Corporation Nam	e		Com	fort Life Home Health	Care Inc	
Entity No.				6531559		
Formed In				CALIFORNIA		
Street Address of Princi	pal Office of Co	prporation				
Principal Address				19634 VENTURA BLVD STE 209 TARZANA, CA 91356		
Mailing Address of Corp	oration					
Mailing Address				4 VENTURA BLVD 209 ZANA, CA 91356		
Attention						
Street Address of California Office of Corporation Street Address of California Office				84 VENTURA BLVD 209 ZANA, CA 91356		
Officers						
Officer Name		Officer Address		Position(s)		
s		19634 VENTURA BLVD STE 209 TARZANA, CA 91356	Chief E	executive Officer, Chie	f Financial Officer, Secretary	
Additional Officers						
Officer N	lame	Officer Address		Position	Stated Position	
		Non	e Entere	d		
Dive stove						
Directors				Dia		
		ctor Name		Director Address		
+ LEVON GRIGORIAN				19634 VENTURA BLVD STE 209 TARZANA, CA 91356		
The number of va	cancies on	Board of Directors is: 0				
Agent for Service of Pro	cess					
Agent Name			LEVON GRIGORIAN			
Agent Address			20345 WYANDOTTE ST WINNETKA, CA 91306			
Type of Business						
Type of Business			HOM	1E HEALTH CARE SE	ERVICES	
Email Notifications Opt-in 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 By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.					
LEVON GRIGORIAN	01/15/2025				
Signature	Date				