

**STATE OF CALIFORNIA** 

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION

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BA20241712058

For Office Use Only



File No.: BA20241712058

Licon	1500 11th Str	California 95814			File No.: BA20241712058 Date Filed: 9/25/2024	
Entity Details	0		Dav	id Lindenberg A Medica		
Corporation Name Entity No.			David Lindenberg, A Medical Corporation 6399354			
Formed In				CALIFORNIA		
Street Address of Princ	ipal Office of Cor	poration				
Principal Address				1739 COLORADO AVE TURLOCK, CA 95382		
Mailing Address of Corp	ooration					
Mailing Address				PO BOX 1152		
Attention			HUGHSON, CA 95326 Brenda Lindenberg			
Street Address of Califo	ornia Office of Co	rporation		<u> </u>		
Street Address of California Office of Corporation Street Address of California Office			1739 COLORADO AVE TURLOCK, CA 95382			
Officers						
Officer N	ame	Officer Address	Position(s)			
+ DAVID LINDENBERG		PO BOX 1152 HUGHSON, CA 95326	Chief Executive Officer, Chief Financial Officer, Secretary			
Additional Officers						
Officer Name		Officer Address		Position	Stated Position	
		Non	e Entere	ed		
Directors						
Director Name			Director Address			
+ DAVID LINDENBERG			PO BOX 1152 HUGHSON, CA 95326			
The number of va	acancies on B	oard of Directors is: 0				
Agent for Service of Pro	ocess					
Agent Name			Brenda Lindenberg			
Agent Address			1739 COLORADO AVE TURLOCK, CA 95382			
Type of Business						
Type of Business			ME	DICAL PROVIDER		
Email Notifications Opt-in Email Notifications			Yes, I opt-in to receive entity notifications via email.			
Labor Judgment No Officer or Dir	ector of this (	Corporation has an outstand	ling final	judgment issued by the	e Division of Labor Standard	

S 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.					
Robert J Huff	09/25/2024				
Signature	Date				