

STATE OF CALIFORNIA

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20250213608

For Office Use Only



File No.: BA20250213608 d: 1/30/2025

CALIFORNIA	1500 11th Stre	California 95814			File No.: BA20250213608 Date Filed: 1/30/2025	
Entity Details Corporation Name				ey Troncoso Nursing A sing Corporation	nesthesia, A Professional	
Entity No.			6556250			
Formed In				CALIFORNIA		
Street Address of Principa	al Office of Corp	oration				
Principal Address				2180 B VISTA WAY #1091 OCEANSIDE, CA 92054		
Mailing Address of Corpo	ration					
Mailing Address				2180 B VISTA WAY #1091 OCEANSIDE, CA 92054		
Attention				Ashley Troncoso Nursing Anesthesia, A Professional Nursing Corporation		
Street Address of California Office of Corporation Street Address of California Office				2180 B VISTA WAY #1091 OCEANSIDE, CA 92054		
Officers						
Officer Na	Officer Name Officer Address			Position(s)		
+ ASHLEY L TR	+ ASHLEY L TRONCOSO 2180 B VISTA WAY #1091 OCEANSIDE, CA 92054		Chief Executive Officer, Secretary, Chief Financial Officer			
Additional Officers						
Officer Na	me	Officer Address		Position	Stated Position	
			e Entered			
Directors						
Director Name				Director Address		
ASHLEY L TRONCOSO			#109	2180 B VISTA WAY #1091 OCEANSIDE, CA 92054		
The number of vac	ancies on Bo	pard of Directors is: 0				
Agent for Service of Proc	ess					
Agent Name			NAT	NATALIA DAVILA		
Agent Address			3186 VISTA WAY STE 201 OCEANSIDE, CA 92056			
Type of Business Type of Business			Nurse Anesthetist			
Email Notifications						

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.

NATALIA DAVILA

Signature

01/30/2025

Date