

STATE OF CALIFORNIA

CORPORATION

1500 11th Street

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20250425975

For Office Use Only



File No.: BA20250425975 Date Filed: 2/28/2025

Sacramento, California 95814 (916) 657-5448							
(916) 65	07-5448						
Entity Details							
Corporation Name				Dr. Jacob & Associates, Inc			
Entity No.				B20250003124			
Formed In				CALIFORNIA			
Street Address of Principal Office	of Corporat	ion					
Principal Address				415 W. ROUTE 66 202			
		GLENDORA, CA 91740					
Mailing Address of Corporation							
Mailing Address				415 W. ROUTE 66 202			
Attention Dr.				r. S	aid Jacob		
Street Address of California Office		tion					
Street Address of California Office				415 W ROUTE 66 202			
				GLENDORA, CA 91740			
Officers							
Officer Name	Officer Name Officer Address			Position(s)			
+ SAID JACOB MD	415 W ROUTE 66		Chief Executive Officer, Chief Financial Officer, Secretary				
	GLENDORA, CA 91740						
Additional Officers							
Officer Name Officer Address					Position	Stated Position	
			ne Ente	arer			
					•		
Directors							
Director Name				Director Address			
SAID JACOB MD				415 W ROUTE 66			
				202			
			Gl	LEN	IDORA, CA 91740		
The number of vacancies	on Board	d of Directors is: 0					
Agent for Service of Process							
Agent Name				Said Jacob MD			
Agent Address				415 W ROUTE 66			
				202 GLENDORA, CA 91740			
			G	LEI	NDORA, CA 91740		
Type of Business			N 4	odi.	cal Sonvicos		
Type of Business				eul	cal Services		
Email Notifications			NI	~ '	do NOT wort to receive	o ontitu notificationa via amailu	
Opt-in Email Notifications				o, i refe	r notifications by USPS	e entity notifications via email. I 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 is true and correct and that I am authorized by California law to sign.

SAID JACOB

02/28/2025

Signature

Date