



6490369



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF INCORPORATION
CA PROFESSIONAL CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: 6490369

Date Filed: 12/11/2024

B3259-2271 12/11/2024 4:40 PM Received by California Secretary of State

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Corporation Name | Perspective Solutions, PC |
| Initial Street Address of Principal Office of Corporation Principal Address | 2297 S. CAMINO REAL PALM SPRINGS, CA 92264 |
| Initial Mailing Address of Corporation Mailing Address | 2297 S. CAMINO REAL PALM SPRINGS, CA 92264 |
| Attention | |
| Agent for Service of Process Agent Name | William Kulka |
| Agent Address | 2297 S. CAMINO REAL PALM SPRINGS, CA 92264 |
| Shares | The total number of shares the corporation is authorized to issue is: 1,000 Does the corporation have more than one class or series of shares? No |
| Purpose Statement | The purpose of the corporation is to engage in the profession of Medicine and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a professional corporation within the meaning of California Corporations Code section 13400 et seq. |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing. | |
| Electronic Signature | |
| <input checked="" type="checkbox"/> By checking this box, I acknowledge that I am electronically signing this document as the incorporator of the Corporation and that all information is true and correct. | |
| <u>William Kulka, MD</u> Incorporator Signature | <u>12/11/2024</u> Date |