



BA20241708264



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**STATEMENT OF INFORMATION**  
**CORPORATION**

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

For Office Use Only

**-FILED-**

File No.: BA20241708264

Date Filed: 9/24/2024

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Entity Details			
Corporation Name	Kateri Mental Health, a Licensed Clinical Social Worker, Inc.		
Entity No.	6387835		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	2372 MORSE AVE #968 IRVINE, CA 92614		
Mailing Address of Corporation			
Mailing Address	2372 MORSE AVE #968 IRVINE, CA 92614		
Attention			
Street Address of California Office of Corporation			
Street Address of California Office	None		
Officers			
<input type="checkbox"/>	<input type="checkbox"/>		
Officer Name	Officer Address	Position(s)	
<input checked="" type="checkbox"/> Taide Mier-Vera	2372 MORSE AVE #968 IRVINE, CA 92614	Chief Executive Officer, Chief Financial Officer, Secretary	
Additional Officers			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer Name	Officer Address	Position	Stated Position
None Entered			
Directors			
<input type="checkbox"/>	<input type="checkbox"/>		
Director Name	Director Address		
<input checked="" type="checkbox"/> Taide Mier-Vera	2372 MORSE AVE #968 IRVINE, CA 92614		
The number of vacancies on Board of Directors is: 0			
Agent for Service of Process			
Agent Name	Emily Kearney		
Agent Address	4533 MACARTHUR BLVD SUITE A5278 NEWPORT BEACH, CA 92660		
Type of Business			
Type of Business	Licensed Clinical Social Work		
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.

*Emily Kearney*

*09/24/2024*

Signature

Date