

STATE OF CALIFORNIA

CORPORATION

1500 11th Street

California Secretary of State

Sacramento, California 95814

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20241971811

For Office Use Only



File No.: BA20241971811 Date Filed: 11/6/2024

| | (916) 657-5448 | 3 | | | | |
|---|--|---|--|--|--|-----------------|
| Entity Details Corporation Name Entity No. Formed In | | | | 6447 | ioia Pain and Spine P 628 FORNIA | νC |
| Street Address of Principa Principal Address | | STE | 5. GARFIELD AVE. 118 AMBRA, CA 91801 | | | |
| Mailing Address of Corpo Mailing Address Attention | | 320 S. GARFIELD AVE. STE 118 ALHAMBRA, CA 91801 Chad Lee | | | | |
| Street Address of California Office of Corporation Street Address of California Office | | | | 320 S. GARFIELD AVE. STE 118 ALHAMBRA, CA 91801 | | |
| Officers | | | | | | |
| Officer Name Chad Lee | Officer Address 320 S. GARFIELD AVE. STE 118 ALHAMBRA, CA 91801 | | Chief Ex | Position(s) Chief Executive Officer, Chief Financial Officer, Secretary | | |
| Additional Officers | | | | | | |
| Officer Na | Officer Name Office | | ress | | Position | Stated Position |
| | | | None E | Intered | k | |
| Directors | | | | | | |
| Director Name | | | | | Dire | ector Address |
| + Chad Lee | | | | 320 S. GARFIELD AVE. STE 118 ALHAMBRA, CA 91801 | | |
| The number of vac | ancies on Bo | ard of Directors is: 0 | | | | |
| Agent for Service of Process Agent Name Agent Address | | | | STE | S GARFIELD AVE | |
| Type of Business | | Inton | ventional Dain Manag | ement Practice | | |
| Type of Business | | | | men | ventional Pain Manag | |
| 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. | | | | | | | |
| Chad Lee | 11/06/2024 | | | | | | |
| Signature | Date | | | | | | |
| | | | | | | | |