

provision of the Labor Code.

STATE OF CALIFORNIA

CORPORATION

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20250164804

For Office Use Only



File No.: BA20250164804 Date Filed: 1/23/2025

Sacramento, California 95814 (916) 657-5448						Date Filed: 1/23/2025	
(916) 65	7-5448	5					
Entity Details							
Corporation Name					s Health Inc		
Entity No.				6540			
Formed In			CALI	FORNIA			
Street Address of Principal Office of	f Corpo	ration					
Principal Address				949 CALLE AMABLE			
				GLEI	NDALE, CA 91208		
Mailing Address of Corporation							
Mailing Address							
Attention				GLEI	NDALE, CA 91208		
Attention							
Street Address of California Office							
Street Address of California Office					CALLE AMABLE NDALE, CA 91208		
				OLLI	NDALL, CA 31200		
Officers			i				
Officer Name	Officer Address			Position(s)			
	orgyan 949 CALLE AMABLE GLENDALE, CA 91208			Chief Executive Officer, Chief Financial Officer, Secretary			
Additional Officers							
Officer Name Officer Address					Position	Stated Position	
		Ν	lone E	ntereo	d		
Directors							
[Director	Name		Director Address			
+ Sara Gevorgyan				949 CALLE AMABLE GLENDALE, CA 91208			
The number of vacancies of	on Bo	ard of Directors is: 0					
Agent for Service of Process							
Agent Name					Gevorgyan		
Agent Address				949 CALLE AMABLE GLENDALE, CA 91208			
Type of Business							
Type of Business				Skille	ed Nursing		
Email Notifications Opt-in Email Notifications				No, I	do NOT want to receiv	e entity notifications via email. I	
				prefer notifications by USPS mail.			
Labor Judgment No Officer or Director of t Enforcement or a court of						e Division of Labor Standards n of any wage order or	

Electronic Signature	
By signing, I affirm that the information her	rein is true and correct and that I am authorized by California law to sign.
Sara Gevorgyan	01/23/2025
Signature	Date