





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.: BA20250353597 Date Filed: 2/20/2025

| Entity Details | | | |
|--|--|--|--|
| Corporation Name | INLAND PACIFIC SURGICAL PC | | |
| Entity No. | 6589321 | | |
| Formed In | CALIFORNIA | | |
| Street Address of Principal Office of Corporation | | | |
| Principal Address | 25044 PEACHLAND AVE STE 209 NEWHALL, CA 91321 | | |
| Mailing Address of Corporation | | | |
| Mailing Address | 25044 PEACHLAND AVE STE 209 NEWHALL, CA 91321 | | |
| Attention | | | |
| Street Address of California Office of Corporation | | | |
| Street Address of California Office | 25044 PEACHLAND AVE STE 209 NEWHALL, CA 91321 | | |

Officers

| Officer Name | Officer Address | Position(s) |
|-------------------|---|--|
| OLIVIER URAYENEZA | 25044 PEACHLAND AVE STE 209 NEWHALL, CA 91321 | Chief Executive Officer, Chief Financial Officer, Secretary |

Additional Officers

| Officer Name | Officer Address | Position | Stated Position | |
|--------------|-----------------|----------|-----------------|--|
| None Entered | | | | |

Directors

| Director Name | Director Address |
|---------------------|--|
| + OLIVIER URAYENEZA | 25044 PEACHLAND AVE STE 209 NEWHALL, CA 91321 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name **OLIVIER URAYENEZA**

Agent Address 25044 PEACHLAND AVE STE 209

NEWHALL, CA 91321

Type of Business

The practice of medicine Type of Business

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. | | | | |
| | | | | |
| OLIVIER URAYENEZA | 02/20/2025 | | | |
| Signature | Date | | | |
| | | | | |