





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.: BA20250173982 Date Filed: 1/24/2025

Entity Details	
Corporation Name	CENTER FOR INTEGRATED DENTAL SPECIALTIES C.I.D.S
Entity No.	6547828
Formed In	CALIFORNIA
Street Address of Principal Office of Corporation	
Principal Address	542 WORKMAN MILL RD
	LA PUENTE, CA 91746
Mailing Address of Corporation	
Mailing Address	542 WORKMAN MILL RD
	LA PUENTE, CA 91746
Attention	JOEL VILLAR ESPINAL
Street Address of California Office of Corporation	
Street Address of California Office	None
Officers	

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	Officer Name	Officer Address	Position(s)
	+ JOEL VILLAR ESPINAL	7908 TOKAY AVE 134 FONTANA, CA 92336	Chief Executive Officer, Chief Financial Officer
	+ MAX QUEZADA	7637 PASITO AVE RANCHO CUCAMONGA, CA 91730	Secretary

Additional Officers

Officer Name	Officer Address	Position	Stated Position
None Entered			

Directors

Director Name	Director Address
+ JOEL VILLAR ESPINAL	7908 TOKAY AVE 137 FONTANA, CA 92336
+ MAX QUEZADA	7367 PASITO AVE RANCHO CUCAMONGA, CA 91730

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

ANTONIO VILLANUEVA Agent Name Agent Address 6201 HOLMES AVE LOS ANGELES, CA 90001

Type of Business

Type of Business **DENTAL SERVICES**

Email Notifications

Opt-in Email Notifications	No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.	
No Officer or Director of this Corporation has an outstanding Enforcement or a court of law, for which no appeal therefrom 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.		
ANTONIO VILLANUEVA Signature	01/24/2025 Date	