



Position(s)

Chief Executive Officer, Chief Financial Officer



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.: BA20250017670 Date Filed: 1/3/2025

| Entity Details | | | |
|--|--|--|--|
| Corporation Name | PREMIERE MEDICAL CORPORATION | | |
| Entity No. | 6511732 | | |
| Formed In | CALIFORNIA | | |
| Street Address of Principal Office of Corporation | | | |
| Principal Address | 26850 W PROVENCE DR CALABASAS, CA 91302 | | |
| Mailing Address of Corporation | | | |
| Mailing Address | 800 ROOSEVELT STE 200 IRVINE, CA 92620 | | |
| Attention | | | |
| Street Address of California Office of Corporation | | | |
| Street Address of California Office | 26850 W PROVENCE DR CALABASAS, CA 91302 | | |
| Officers | | | |

| Additional O | fficers |
|--------------|---------|

Officer Name

+ WILLIAM LEE

+ GLORIA LEE

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

Secretary

Directors

| Director Name | Director Address |
|---------------|--|
| + WILLIAM LEE | 26850 W PROVENCE DR CALABASAS, CA 91302 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name WILLIAM LEE

26850 W PROVENCE DR Agent Address CALABASAS, CA 91302

Officer Address

26850 W PROVENCE DR

26850 W PROVENCE DR

CALABASAS, CA 91302

CALABASAS, CA 91302

Type of Business

CONSULTING Type of Business

Email Notifications

Opt-in Email Notifications No, I do NOT want to receive entity notifications via email. I

prefer notifications by USPS mail.

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. | | | | |
| WILLIAM LEE | 01/03/2025 | | | |
| Signature | Date | | | |
| | | | | |