



BA20250284407



## 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.: BA20250284407 Date Filed: 2/7/2025

|  | GOWRING NURSING ANESTHESIA, APC                             |  |
|--|---|--|
|  | 6561215   |  |
|  | CALIFORNIA  |  |
| e of Corporation                         |   |  |
|  | 6700 MT VERNON RD<br>AUBURN, CA 95603                       |  |
|  |   |  |
|  | 6700 MT VERNON RD<br>AUBURN, CA 95603                       |  |
|  |   |  |
| e of Corporation                         |   |  |
| Street Address of California Office None |   |  |
|  |   |  |
| Officer Address                          | Position(s)   |  |
| NG 6700 MT VERNON RD<br>AUBURN, CA 95603 | Chief Executive Officer, Chief Financial Officer, Secretary |  |
| 1  | Officer Address NG 6700 MT VERNON RD                        |  |

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

## Directors

| Director Name   | Director Address                      |
|-----------------|---------------------------------------|
| SARAH M GOWRING | 6700 MT VERNON RD<br>AUBURN, CA 95603 |

The number of vacancies on Board of Directors is: 2

Agent for Service of Process

Agent Name DAVID NICOTHODES

Agent Address 10604 N TRADEMARK PKWY

300

RANCHO CUCAMONGA, CA 91730

Type of Business

Type of Business NURSING SERVICES

**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. |            |  |  |
|  |            |  |  |
| SARAH M GOWRING  | 02/07/2025 |  |  |
|  |            |  |  |
| Signature  | Date       |  |  |
|  |            |  |  |