



BA20250212197

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**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.: BA20250212197

Date Filed: 1/30/2025

|   |   |   |                 |
|---|---|---|-----------------|
| <b>Entity Details</b>   |   |   |                 |
| Corporation Name  | ANTHONY MANNARINO, M.D. INC.  |   |                 |
| Entity No.  | 6555720   |   |                 |
| Formed In   | CALIFORNIA  |   |                 |
| <b>Street Address of Principal Office of Corporation</b>  |   |   |                 |
| Principal Address   | 335 LA COSTA AVE<br>ENCINITAS, CA 92024   |   |                 |
| <b>Mailing Address of Corporation</b>   |   |   |                 |
| Mailing Address   | 335 LA COSTA AVE<br>ENCINITAS, CA 92024   |   |                 |
| Attention   |   |   |                 |
| <b>Street Address of California Office of Corporation</b>   |   |   |                 |
| Street Address of California Office   | None  |   |                 |
| <b>Officers</b>   |   |   |                 |
|   |   |   |                 |
| Officer Name  | Officer Address   | Position(s)   |                 |
| <input checked="" type="checkbox"/> ANTHONY MANNARINO   | 335 LA COSTA AVE<br>ENCINITAS, CA 92024   | Chief Executive Officer, Chief Financial Officer, Secretary |                 |
| <b>Additional Officers</b>  |   |   |                 |
|   |   |   |                 |
| Officer Name  | Officer Address   | Position  | Stated Position |
| None Entered  |   |   |                 |
| <b>Directors</b>  |   |   |                 |
|   |   |   |                 |
| Director Name   | Director Address  |   |                 |
| <input checked="" type="checkbox"/> ANTHONY MANNARINO   | 335 LA COSTA AVE<br>ENCINITAS, CA 92024   |   |                 |
| The number of vacancies on Board of Directors is: 0   |   |   |                 |
| <b>Agent for Service of Process</b>   |   |   |                 |
| Agent Name  | ANTHONY MANNARINO   |   |                 |
| Agent Address   | 335 LA COSTA AVE<br>ENCINITAS, CA 92024   |   |                 |
| <b>Type of Business</b>   |   |   |                 |
| Type of Business  | Medical   |   |                 |
| <b>Email Notifications</b>  |   |   |                 |
| Opt-in Email Notifications  | No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail. |   |                 |
| <b>Labor Judgment</b>   |   |   |                 |
| 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.

*Timothy Goodfriend*

*01/30/2025*

Signature

Date