



BA20241653367



## 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.: BA20241653367 Date Filed: 9/16/2024

Entity Details	
Corporation Name	ADVANCE HEIGHTS HOME HEALTH SERVICES
Entity No.	6378892
Formed In	CALIFORNIA
Street Address of Principal Office of Corporation	
Principal Address	4097 TRAIL CREEK DR
	STE 105
	RIVERSIDE, CA 92505
Mailing Address of Corporation	
Mailing Address	14465 SALINE DR
	EASTVALE, CA 92880
Attention	NNEKA M NWANI
Street Address of California Office of Corporation	
Street Address of California Office	4097 TRAIL CREEK DR
	STE 105
	RIVERSIDE, CA 92505
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## Officers

Officer Name	Officer Address	Position(s)
NNEKA M NWANI	14465 SALINE DR EASTVALE, CA 92880	Chief Executive Officer
- CHRISTOPHER C AMAKEZE	14465 SALINE DR EASTVALE, CA 92880	Chief Financial Officer
■ ROWLAND NWAOGWUGWU	15675 THUNDERBOLT ST MORENO VALLEY, CA 92551	Secretary

## Additional Officers

Officer Name	Officer Address	Position	Stated Position	
None Entered				

## Directors

Director Name	Director Address
+ NNEKA M NWANI	14465 SALINE DR EASTVALE, CA 92880
+ CHRISTOPHER C AMAKEZE	14465 SALINE DR EASTVALE, CA 92880
<b>∓</b> ROWLAND NWAOGWUGWU	15675 THUNDERBOLT ST MORENO VALLEY, CA 92551

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name NNEKA M NWANI
Agent Address 14465 SALINE DR
EASTVALE, CA 92880

Type of Business Type of Business	HOME HEALTH SERVICES			
Email Notifications	Ves Lant in to receive antity notifications via small			
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.				
NNEKA M NWANI	09/16/2024			
Signature	Date			