

**STATE OF CALIFORNIA** 

CORPORATION

1500 11th Street

(916) 657-5448

California Secretary of State

Sacramento, California 95814

Office of the Secretary of State

STATEMENT OF INFORMATION

## 

BA20242031983

For Office Use Only



File No.: BA20242031983 Date Filed: 11/18/2024

Entity Details							
Corporation Name			LOGENE HEALTH, INC.				
Entity No.			6459	9192			
Formed In			CAL	IFORNIA			
Street Address of Principal C	Office of Corpo	ration					
Principal Address			6012 NORTH VISTA STREET				
			SAN	I GABRIEL, CA 91775			
Mailing Address of Corporati	on						
Mailing Address				6012 NORTH VISTA STREET			
			SAN GABRIEL, CA 91775				
Attention			MR.	MR. LINCOLN VU			
Street Address of California							
Street Address of California Office				6012 NORTH VISTA STREET SAN GABRIEL, CA 91775			
			JAN	GABRIEL, CA 91773			
Officers	r		1				
Officer Name	Officer Address		Position(s)				
+ LINCOLN VU	6012 NORTH VISTA STREET SAN GABRIEL, CA 91775		Chief Executive Officer, Chief Financial Officer, Secretary				
Additional Officers							
Officer Name		Officer Address		Position	Stated Position		
		Nor	ne Entere	d			
Directors							
Director Name			Director Address				
+ LINCOLN VU			6012	6012 NORTH VISTA STREET			
			SAN GABRIEL, CA 91775				
The number of vacan	icies on Boa	ard of Directors is: 0					
Agent for Service of Process	i						
Agent Name							
Agent Address			6012 NORTH VISTA STREET SAN GABRIEL, CA 91775				
Type of Business							
Type of Business			MED	DICINE - NURSE PRA	CTITIONER		
Email Notifications							
Opt-in Email Notifications				Yes, I opt-in to receive entity notifications via email.			
	ourt of law,	prporation has an outstanc for which no appeal theref	•		the Division of Labor Stand on of any wage order or	ards	

Electronic Signature	
By signing, I affirm that the information	herein is true and correct and that I am authorized by California law to sign.
LINCOLN VU	11/18/2024
Signature	Date