

STATE OF CALIFORNIA

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20250274229

For Office Use Only



CLIFORM	California 1500 11th	nto, California 95814			-	No.: BA20250274229 e Filed: 2/6/2025	
Entity Details							
Corporation Name				WOUND CARE SPECIALISTS, INC.			
Entity No.				6571287			
Formed In				LIFORNIA			
Street Address of Principal Office of Corporation Principal Address				16946 SHERMAN WAY SUITE 300 VAN NUYS, CA 91406			
Mailing Address of Corp	oration						
Mailing Address				946 SHERMAN WAY ITE 300 N NUYS, CA 91406			
Attention							
Street Address of California Office of Corporation Street Address of California Office				946 SHERMAN WAY ITE 300 N NUYS, CA 91406			
Officers							
Officer Nan	ne	Officer Address		Position(s)			
+ ALEK TORO	16946 SHERMAN WAY SUITE 300 VAN NUYS, CA 91406	Chief E	Chief Executive Officer, Chief Financial Officer, Secretary				
Additional Officers							
Officer Name		Officer Address		Position Stated Position			
	lame		ono Entor				
		IN	one Enter	eu			
Directors							
Director Name				Director Address			
+ ALEK TOROSYAN				16946 SHERMAN WAY SUITE 300 VAN NUYS, CA 91406			
The number of va	cancies o	n Board of Directors is: 0					
Agent for Service of Pro	cess						
Agent Name				ALEK TOROSYAN			
Agent Address				16946 SHERMAN WAY SUITE 300 VAN NUYS, CA 91406			
Type of Business							
Type of Business			WC	OUND CARE			
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.

ALEK TOROSYAN

02/06/2025

Signature

Date