

BA20241627311

For Office Use Only

STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY California Secretary of State 1500 11th Street

Sacramento, California 95814

(916) 657-5448

-FILED-

File No.: BA20241627311 Date Filed: 9/10/2024

| Entity Details Limited Liability Company Name | AMERICAN UNIQUE MEDICAL SERVICES, LLC |
|---|---|
| Entity No. | 202463715510 |
| Formed In | CALIFORNIA |
| Street Address of Principal Office of LLC | |
| Principal Address | 5177 BRIAN LN ENCINO, CA 91436 |
| Mailing Address of LLC | |
| Mailing Address | 5177 BRIAN LN ENCINO, CA 91436 |
| Attention | |
| Street Address of California Office of LLC | |
| Street Address of California Office | 5177 BRIAN LN ENCINO, CA 91436 |
| Manager(s) or Member(s) | |
| Manager or Member Name | Manager or Member Address |
| + TATSIANA KOZONASHVILI | 5177 BRIAN LN ENCINO, CA 91436 |
| + BRIAN KEITH GAMBLE | 1689 E JEFFERSON AVE POMONA, CA 91767 |
| Agent for Service of Process | |
| Agent Name | TATSIANA KOZONASHVILI |
| Agent Address | 5177 BRIAN LN ENCINO, CA 91436 |
| Type of Business | |
| Type of Business | MEDICAL SERVICES |
| Email Notifications Opt-in Email Notifications | No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail. |
| Chief Executive Officer (CEO) | |
| CEO Name | CEO Address |
| + BRIAN KEITH GAMBLE | 1689 E JEFFERSON AVE POMONA, CA 91767 |

outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal is pending, for the violation of any wage order or provision of the Labor Code.

| Electronic Signature | | |
|---|------------|--|
| By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign. | | |
| TATSIANA KOZONASHVILI | 09/10/2024 | |
| Signature | Date | |
| | | |