

**STATE OF CALIFORNIA** 

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION

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BA20250366238

For Office Use Only



ALLFORM	1500 11th	o, California 95814			File No.: BA20250366238 Date Filed: 2/21/2025	
Entity Details Corporation Nam	e		Shis	ir MD Healthcare Inc		
Entity No.				3023		
Formed In				IFORNIA		
Street Address of Princi	pal Office of C	Corporation				
Principal Address				4 WEST CREEK LN ITA ROSA, CA 95407		
Mailing Address of Corporation Mailing Address Attention				4 WEST CREEK LN ITA ROSA, CA 95407		
	rnia Office of	Corporation				
Street Address of California Office of Corporation Street Address of California Office				4 WEST CREEK LN ITA ROSA, CA 95407		
Officers						
Officer Name		Officer Address		Position(s)		
		2924 WEST CREEK LN SANTA ROSA, CA 95407	Chief	Chief Executive Officer, Secretary, Chief Financial Officer		
Additional Officers						
Officer Name		Officer Address		Position	Stated Position	
		Nor	ne Entere	d		
Directors						
Director Name				Director Address		
+ SHISIR SHRESTHA				2924 WEST CREEK LN SANTA ROSA, CA 95407		
The number of va	cancies or	Board of Directors is: 1	<u>I</u>			
Agent for Service of Pro	cess					
Agent Name			SHI	SHISIR SHRESTHA		
Agent Address				2924 WEST CREEK LN SANTA ROSA, CA 95407		
Type of Business Type of Business				The purpose of the corporation is to engage in the profession of Medicine		
Email Notifications Opt-in Email Notifications				Yes, I opt-in to receive entity notifications via email.		
Labor Judgment		<b>0</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.					
santosh sah	02/21/2025				
Signature	Date				