

**STATE OF CALIFORNIA** 

CORPORATION

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

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BA20241543672

For Office Use Only



File No.: BA20241543672 Date Filed: 8/27/2024

LIFORN	1500 11th Sacramer (916) 657	nto, Ca	alifornia 95814				Date Filed: 8/27/2024	
Entity Details					Siorr	a Healthcare Solutions		
Corporation Name					6355169			
Entity No. Formed In					CALIFORNIA			
Street Address of Princip	nal Office of	Corpo	ration					
Principal Address						9825 OAK ST, UNIT 3 BELLFLOWER, CA 90706-5448		
Mailing Address of Corp	oration							
Mailing Address						9825 OAK ST, UNIT 3		
					BELLFLOWER, CA 90706-5448			
Attention	Attention					REI DONOR		
Street Address of California Office of Corporation Street Address of California Office None								
Officers								
Officer Name		Officer Address			Position(s)			
+ REI DONOR		9825 OAK STREET, UNIT 3 BELLFLOWER, CA 90706			Chief Executive Officer, Chief Financial Officer, Secretary			
Additional Officers								
Officer Name Officer Addres						Position	Stated Position	
N				lon	one Entered			
-								
Directors								
Director Name					Director Address			
+ REI DONOR					9825 OAK STREET, UNIT 3 BELLFLOWER, CA 90706			
The number of va	cancies o	n Boa	ard of Directors is: 1		I			
Agent for Service of Proc	cess							
Agent Name						REI DONOR		
Agent Address					9825 OAK ST, UNIT 3 BELLFLOWER, CA 90706-5448			
Type of Business								
Type of Business					HEALTHCARE BILLING, QUALITY ASSURANCE			
Email Notifications Opt-in Email Notifications					Yes, I opt-in to receive entity notifications via email.			
						judgment issued by the ending, for the violation	Division of Labor Standards of any wage order or	

Electronic Signature								
By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.								
REI DONOR	08/27/2024							
Signature	Date							