| Secretary of State   | ARTS-PC   |  |                               |  |         |
|--|---|--|-------------------------------|--|---------|
| Articles of Incorporation of a   |   |  |                               |  |         |
|  |   | ]  | FILED                         | MAC                                    |         |
| Professional Corporation   |   |  |                               | • • •                                  |         |
|  |   |  | etary of S                    |  |         |
| IMPORTANT — Read Instructions before completing this fo  | rm.   | State  | of Califo                     | ornia                                  |         |
| Filing Fee \$100.00  |   | ΔPI  | R 2 6 20                      | 118 E                                  | )       |
| •  |   | , , , , , , , , , , , , , , , , , , ,                    | ,                             |  |         |
| Copy Fees — First page \$1.00; each attachment page \$0.50;<br>Certification Fee - \$5.00  |   |  |                               |  |         |
| Note: Corporations may have to pay a minimum \$800 to Franchise Tax Board each year. For more information, go to http                    |   | ₩ This Space   | For Office                    | Use On                                 | ıly     |
| Corporate Name  (Contact the California state board or authorized to be a corporation in Cal www.sos.ca.gov/business/be/name-available.) | lifornia and if there are   | ur profession to find of<br>any specific corporate       | name style                    | rules. G                               |         |
| The name of the corporation is Gorli Harish, MD, P.C   |   |  | ······                        | ······································ |         |
| The name of the corporation is   | ·   |  | <del></del>                   | <del></del>                            | ·····   |
|  |   |  |                               |  |         |
|  |   |  |                               | <del></del>                            |         |
| 2. Business Addresses (Enter the complete business address   | ses, Item 2a cannot be a  | P.O.Box or "in care of" a                                | n individual                  | or entity.)                            | )       |
| a. Initial Street Address of Corporation - Do not enter a P.O. Box 10319 Dorchester St.  | City (no abbreviati<br>Bakersfield  |  |                               | Zip Code<br>93311                      |         |
| b. Initial Mailing Address of Corporation, If different than item 2a   | City (no abbreviati   | ons)   | CA<br>State                   | Zip Cod                                |         |
|  | <b>4.7</b> (1.2 - 2.1 - 1.2 - | ,,   |                               |  | •       |
| 3. Service of Process (Must provide either Individual OR Corpor  | ration )  |  |                               | ,!                                     |         |
| INDIVIDUAL - Complete Items 3a and 3b only. Must include agen  | ,   | ia street address  |                               |  |         |
| a. California Agent's First Name (if agent is not a corporation)   | Middle Name   | Last Name  | <del></del>                   |  | Suff    |
| Gorli  | Milda Mans  | Harish   |                               | Suil                                   |         |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box  | City (no abbrevia   |  |                               | Zip Cod                                | l       |
| 10319 Dorchester St.   | Bakersfield   |  | CA                            | 9331                                   |         |
| CORPORATION - Complete Item 3c. Only include the name of the   |   |  |                               |  |         |
| c. California Registered Corporate Agent's Name (if agent is a corporation) -  |   |  |                               |  |         |
| c. California Negletered Coliporate Agent s Hame (il agent is a coliporation) -  | DO NOT COMPLETE REAL SA   | ui 35  |                               |  |         |
| 4. Shares (Enter the number of shares the corporation is authorized  | ed to issue. Do not leave   | e blank or enter zero (0).                               | )                             |  |         |
| This corporation is authorized to issue only one class of s  | hares of stock.   |  |                               |  |         |
| The total number of shares which this corporation is author  |   | 15   | 00                            |  |         |
| 5. Purpose Statement (Contact the California state board or a to be a corporation in California. Go to                                   | gency that controls your www.dca.ca.gov/about_  | profession to find out if y<br>dca/entities.shtml for mo | our professi<br>re informatio | on is auti<br>on.)                     | norized |
| The purpose of the corporation is to engage in the profess   | sion of   | Medicine   | 2                             |  |         |
| and any other lawful activities (other than the banking  | -   | business) not proh                                       | ibited to                     | a corpo                                | ration  |
| engaging in such profession by applicable laws and regul   |   |  |                               |  |         |
| the meaning of California Corporations Code section 1340   | •   | -  |                               |  |         |
| 6. Read and Sign Below (This form must be signed by each   | incorporator. See Inst.   | ructions. Do not include                                 | de a title.)                  | _                                      |         |

Gorli Harish
Type or Print Name

Signature