


21-616294

 Secretary of State Statement of Information (California Stock, Agricultural Cooperative and Foreign Corporations)	SI-550
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FILED
 Secretary of State
 State of California
 JUL 14 2021

IMPORTANT - Read instructions before completing this form.
form. Fees (Filing plus Disclosure) - \$25.00;
Copy Fees - First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

26/25/PC
 This Space For Office Use Only

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)
Possible Health CA, PC

2. 7-Digit Secretary of State Entity Number
 C4764127

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 2578 Broadway #508	City (no abbreviations) New York	State NY	Zip Code 10025
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

4. Officers The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ Montida	First Name	Middle Name Caroline	Last Name Fleming	Suffix
Address 2751 Madera Ave			City (no abbreviations) Oakland	State CA Zip Code 94619
b. Secretary Madeline	First Name	Middle Name Kate	Last Name Corpuz	Suffix
Address 2233 7th Ave, Apt. F			City (no abbreviations) Oakland	State CA Zip Code 94606
c. Chief Financial Officer/ Kaitlin	First Name	Middle Name	Last Name Freedman	Suffix
Address 3111 4th St, Apt. 320			City (no abbreviations) Santa Monica	State CA Zip Code 90405

5. Director(s) California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name Montida	Middle Name Caroline	Last Name Fleming	Suffix
Address 2751 Madera Ave		City (no abbreviations) Oakland	State CA Zip Code 94619
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.

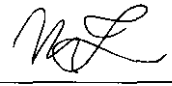
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b
 Cogency Global Inc. C2003899

7. Type of Business
 Describe the type of business or services of the Corporation
 telemedicine company

8. The information contained herein, including in any attachments, is true and correct.

07/09/2021 Montida Fleming CEO

Date Type or Print Name of Person Completing the Form Title


 Signature