

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000005480

Entity Name: PACIFIC MEDICAL, INC.**Current Principal Place of Business:**1700 N. CHRISMAN ROAD
TRACY, CA 95304-9314**Current Mailing Address:**1700 N. CHRISMAN ROAD
TRACY, CA 95304-9314 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LEONARD, JEFF
Address 1700 N. CHRISMAN ROAD
City-State-Zip: TRACY CA 95304-9314

Title PRESIDENT/CEO
Name PETLANSKY, JOHN M.
Address 1700 N. CHRISMAN ROAD
City-State-Zip: TRACY CA 95304-9314

Title CLO
Name WEAVER, MARK
Address 1700 N. CHRISMAN ROAD
City-State-Zip: TRACY CA 95304-9314

Title TREASURER/CFO
Name LEONARD, JEFF
Address 1700 N. CHRISMAN ROAD
City-State-Zip: TRACY CA 95304-9314

Title SECRETARY
Name PETLANSKY, JOHN M.
Address 1700 N. CHRISMAN ROAD
City-State-Zip: TRACY CA 95304-9314

Title DIRECTOR
Name PETLANSKY, JOHN M.
Address 1700 N. CHRISMAN ROAD
City-State-Zip: TRACY CA 95304-9314

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK WEAVER

CLO

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date