

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005794

**Entity Name:** AMERICAN RECOVERY SERVICE INCORPORATED OF CALIFORNIA**Current Principal Place of Business:**555 ST. CHARLES DR.  
SUITE 100  
THOUSAND OAKS, CA 91360**Current Mailing Address:**555 ST. CHARLES DR.  
SUITE 100  
THOUSAND OAKS, CA 91360 US**FEI Number: 95-4080279****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
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	CFO
Name	ASSADOURIAN, NOUBAR
Address	555 ST. CHARLES DR. SUITE 100
City-State-Zip:	THOUSAND OAKS CA 91360

Title	PRESIDENT
Name	MITRA, ARJUN
Address	205 BRYANT WOODS SOUTH
City-State-Zip:	AMHERST NY 14228

Title	LICENSING ADMINISTRATOR
Name	TRUPIANO, KIMBERLY A
Address	555 ST. CHARLES DR. SUITE 100
City-State-Zip:	THOUSAND OAKS CA 91360

Title	SECRETARY
Name	NESTARK, KIMBERLY S
Address	205 BRYANT WOODS SOUTH
City-State-Zip:	AMHERST NY 14228

*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: NOUBAR ASSADOURIAN****CFO****01/03/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date