

# STATEMENT OF REGISTRATION SOLE PROPRIETORSHIP



BC Registry  
Services

Mailing Address:  
PO BOX 9431 Stn Prov Govt  
Victoria BC V8W 9V3  
Location:  
2nd Floor - 940 Blanshard Street  
Victoria BC

Internet: [www.bcregistryservices.gov.bc.ca](http://www.bcregistryservices.gov.bc.ca)  
and [www.bcbusinessregistry.ca](http://www.bcbusinessregistry.ca)

Phone: 1 877 526-1526

*The Registrar of Companies certifies the following is the information provided  
in the Statement of Registration at the time it was filed.*

**A.** Name and Return Mailing Address for the person submitting this statement of registration

**CHETTY, PRAVEN**  
**300-550 WEST AVENUE**  
**KELOWNA BC V1Y 4Z4**

**FILED and REGISTERED**  
August 29, 2016  
REGISTRAR OF COMPANIES

**Corporate Registry Number**  
**FM0697048**

**National Business Number**  
**82405 5511 BC0002**

**B.** Information on the business being registered:

**BUSINESS NAME**  
**CERULEAN MEDICAL INSTITUTE**

**NAME REQUEST NUMBER**  
**NR 4478498**

Note: The registration of a business under the *Partnership Act* does not provide any protection for that name.

**BUSINESS ADDRESS**  
**300-550 WEST AVENUE**  
**KELOWNA BC V1Y 4Z4**

**MAILING ADDRESS**  
**300-550 WEST AVENUE**  
**KELOWNA BC V1Y 4Z4**

**BUSINESS CONTACT INFORMATION**

**START DATE OF BUSINESS IN  
BRITISH COLUMBIA**

**DESCRIBE NATURE OF BUSINESS**  
**Offices of Physicians [NAICS-621110]**

**YYYY MM DD**  
**2016 01 27**

**C. Proprietorship - The person listed below is the only member of the Sole Proprietorship.**

**PROPRIETOR NAME**  
**DR. PRAVEN CHETTY INC.**

**ADDRESS**  
**300-550 WEST AVENUE**  
**KELOWNA BC V1Y 4Z4**

\$40.00 PAID BY CREDIT CARD - VISA  
Receipt Number: 335084  
Internet  
Session ID: 1497827

It is an offence to make or assist in making a false or misleading  
statement in a record filed under the Partnership Act. A person who  
commits this offence is subject to a maximum fine of \$5,000.00.

