



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

22-A53736

FILED

In the office of the Secretary of State
of the State of California

JAN 27, 2022

This Space For Office Use Only

IMPORTANT — This form can be filed online at
bizfile.sos.ca.gov.

[Read instructions](#) before completing this form.

Filing Fee - \$20.00

Copy Fees - First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

SURGERY CENTER MANAGEMENT, LLC

2. 12-Digit Secretary of State Entity Number

201007410311

3. State, Foreign Country or Place of Organization (only if formed outside of California)

CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 269 S Beverly Drive no 1409	City (no abbreviations) Beverly Hills	State CA	Zip Code 90212
b. Mailing Address of LLC, if different than item 4a 269 S Beverly Drive no 1409	City (no abbreviations) Beverly Hills	State CA	Zip Code 90212
c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box 269 S Beverly Drive no 1409	City (no abbreviations) Beverly Hills	State CA	Zip Code 90212

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an additional managers/members, enter the names(s) and address(es) on [Form LLC-12A](#).

a. First Name, if an individual - Do not complete Item 5b Jamie	Middle Name	Last Name Hidalgo	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 269 S Beverly Drive no 1409	City (no abbreviations) Beverly Hills	State CA	Zip Code 90212

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) Jamie	Middle Name	Last Name Hidalgo	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1980 N Orange Grove Avenue	City (no abbreviations) Pomona	State CA	Zip Code 91767

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

7. Type of Business

Describe the type of business or services of the Limited Liability Company Medical Office Management

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. Labor Judgment

Does a Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?	☐ Yes ☒ No
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10. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

01/27/2022

Date

Maureen Jaroscak

Type or Print Name

Attorney

Title

Signature