

STATE OF CALIFORNIA

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

BA20242190100

For Office Use Only



ALFORT	California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448	File No.: BA20242190100 Date Filed: 12/13/2024
Entity Details		
Limited Liability Company Name		PRIME CARE FAMILY CLINIC LLC
Entity No.		202464818128
Formed In		CALIFORNIA
Street Address of Princ	sipal Office of LLC	
Principal Addres	S	600 N GARFIELD AVE UNIT 206 MONTEREY PARK, CA 91754
Mailing Address of LLC	2	
Mailing Address		251 RANCHO RD SIERRA MADRE, CA 91024
Attention		
Street Address of Calif Street Address c	ornia Office of LLC of California Office	600 N GARFIELD AVE UNIT 206 MONTEREY PARK, CA 91754
Manager(s) or Member	r(s)	
	Manager or Member Name	Manager or Member Address
+ ROSE SUN		251 RANCHO RD SIERRA MADRE, CA 91024
Agent for Service of Pr	ocess	
Agent Name		ROSE M SUN
Agent Address		251 RANCHO RD SIERRA MADRE, CA 91024
Type of Business Type of Business	5	HEALTH CARE SERVICE
Email Notifications		
Opt-in Email Not	ifications	No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.
Chief Executive Officer	r (CEO)	
	CEO Name	CEO Address
		None Entered
		rnia Corporations Code section 17702.09(a)(8), has an Labor Standards Enforcement or a court of law, for which no

appeal is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature			
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.			
ROSE SUN	12/13/2024		
Signature	Date		