



BA20250387992



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**STATEMENT OF INFORMATION**  
**LIMITED LIABILITY COMPANY**

California Secretary of State  
1500 11th Street  
Sacramento, California 95814  
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: BA20250387992

Date Filed: 2/24/2025

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Entity Details					
Limited Liability Company Name	CSK Healthcare Consulting LLC				
Entity No.	202565917213				
Formed In	CALIFORNIA				
Street Address of Principal Office of LLC					
Principal Address	1330 DAVIT CIR LA HABRA, CA 90631				
Mailing Address of LLC					
Mailing Address	1330 DAVIT CIR LA HABRA, CA 90631				
Attention					
Street Address of California Office of LLC					
Street Address of California Office	None				
Manager(s) or Member(s)					
<table border="1"> <thead> <tr> <th>Manager or Member Name</th> <th>Manager or Member Address</th> </tr> </thead> <tbody> <tr> <td>+ Sophie Ko</td> <td>1330 DAVIT CIR LA HABRA, CA 90631</td> </tr> </tbody> </table>		Manager or Member Name	Manager or Member Address	+ Sophie Ko	1330 DAVIT CIR LA HABRA, CA 90631
Manager or Member Name	Manager or Member Address				
+ Sophie Ko	1330 DAVIT CIR LA HABRA, CA 90631				
Agent for Service of Process					
Agent Name	Sophie Ko				
Agent Address	1330 DAVIT CIR LA HABRA, CA 90631				
Type of Business					
Type of Business	Healthcare consulting				
Email Notifications					
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.				
Chief Executive Officer (CEO)					
<table border="1"> <thead> <tr> <th>CEO Name</th> <th>CEO Address</th> </tr> </thead> <tbody> <tr> <td colspan="2">None Entered</td> </tr> </tbody> </table>		CEO Name	CEO Address	None Entered	
CEO Name	CEO Address				
None Entered					
Labor Judgment					
No Manager or Member, as further defined by California Corporations Code section 17702.09(a)(8), has an outstanding final judgment issued by the Division of 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					
<input checked="" type="checkbox"/> 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.					
<u>Sophie Ko</u>	<u>02/24/2025</u>				
Signature	Date				