



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

21-D60191

**FILED**

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

JUL 19, 2021

**IMPORTANT** — [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

**This Space For Office Use Only**

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

HEALTHCARE ANONYMOUS LLC

**2. 12-Digit Secretary of State File Number**

202119710966

**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

6487 Cavalleri Rd., Apt. 433

City (no abbreviations)

Malibu

State

CA

Zip Code

90265

b. Mailing Address of LLC, if different than item 4a

6487 Cavalleri Rd., Apt. 433

City (no abbreviations)

Malibu

State

CA

Zip Code

90265

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

6487 Cavalleri Rd., Apt. 433

City (no abbreviations)

Malibu

State

CA

Zip Code

90265

**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 entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b

Simon

Middle Name

Last Name

Maltais

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

6487 Cavalleri Rd., Apt. 433

City (no abbreviations)

Malibu

State

CA

Zip Code

90265

**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)

Middle Name

Last Name

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

City (no abbreviations)

State

CA

Zip Code

**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

LEGALZOOM.COM, INC. (C2967349)

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company

Self-development in healthcare

**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. The Information contained herein, including any attachments, is true and correct.**

07/19/2021

Date

Cheyenne Moseley

Type or Print Name of Person Completing the Form

Asst. Sec., LegalZoom.com, Inc., OBO filing entity

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]