



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

21-A03410

FILED

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

JAN 04, 2021

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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

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

2. 12-Digit Secretary of State File Number 202028710086
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 1045 ATLANTIC AVE SUITE 616, | City (no abbreviations) LONG BEACH | State CA | Zip Code 90813 |
| b. Mailing Address of LLC, if different than item 4a 1045 ATLANTIC AVE SUITE 616, | City (no abbreviations) LONG BEACH | State CA | Zip Code 90813 |
| c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1045 ATLANTIC AVE SUITE 616, | City (no abbreviations) LONG BEACH | State CA | Zip Code 90813 |

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 MAURICIO | Middle Name | Last Name HERNANDEZ | Suffix |
| b. Entity Name - Do not complete Item 5a | | | |
| c. Address 9910 SANTA ANITA AVE, | City (no abbreviations) MONTCLAIR | State CA | Zip Code 91763 |

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 | | | |
| | | 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
LEGALINC REGISTERED AGENTS, INC. (C4249296)

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
PULMONARY FUNCTION DIAGNOSTICS. LUNG TES

8. Chief Executive Officer, if elected or appointed

| | | | |
|---------------|-------------|-----------|----------|
| a. First Name | Middle Name | Last Name | Suffix |
| b. Address | | | |
| | | State | Zip Code |

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

01/04/2021

MAURICIO HERNANDEZ

MEMBER

Date

Type or Print Name of Person Completing the Form

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: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

21-A03410

A. Limited Liability Company Name

R.J.M. DIAGNOSTICS L.L.C.

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B. 12-Digit Secretary of State File Number

202028710086

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

| | | | |
|---------------------------------|---------------------------------------|------------------------|-------------------|
| First Name RODRIGO | Middle Name | Last Name HERNANDEZ | Suffix |
| Entity Name | | | |
| Address 1457 S GLENDORA AVE, | City (no abbreviations) GLENDORA | State CA | Zip Code 91740 |
| First Name JOSEPH RYAN | Middle Name | Last Name JAVIER | Suffix |
| Entity Name | | | |
| Address 3335 E HARDING ST, | City (no abbreviations) LONG BEACH | State CA | Zip Code 90805 |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |