

**STATE OF CALIFORNIA** 

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

## BA20242059104

For Office Use Only



| CLIFFORM C   | California Secretary of State<br>1500 11th Street<br>Sacramento, California 95814<br>(916) 657-5448 | File No.: BA20242059104<br>Date Filed: 11/21/2024   |
|--|---|---|
| Entity Details   |   |   |
| Limited Liability Company Name                                 |   | ZION HEALTH CARE LLC  |
| Entity No.   |   | 202464616415  |
| Formed In  |   | CALIFORNIA  |
| Street Address of Principal Office of LLC<br>Principal Address |   | 21459 ANGELA YVONNE AVENUE<br>SANTA CLARITA, CA 91350   |
| Mailing Address of LLC<br>Mailing Address<br>Attention         |   | 21459 ANGELA YVONNE AVENUE<br>SANTA CLARITA, CA 91350   |
| Street Address of Calif  |   |   |
| Street Address of California Office                            |   | None  |
| Manager(s) or Membe  | r(s)  |   |
| Manager or Member Name   |   | Manager or Member Address   |
| + TIMOTHY OGBU   |   | 21459 ANGELA YVONNE AVENUE<br>SANTA CLARITA, CA 90024   |
| Agent for Service of Pr  | rocess  |   |
| Agent Name   |   | TIMOTHY A OGBU  |
| Agent Address  |   | 21459 ANGELA YVONNE AVENUE<br>SANTA CLARITA, CA 90024   |
| Type of Business   |   |   |
| Type of Business   |   | HEALTH CARE SERVICES  |
| Email Notifications<br>Opt-in Email Notifications              |   | No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail. |
| Chief Executive Office   | r (CEO)   |   |
| CEO Name   |   | CEO Address   |
| + TIMOTHY A OGBU   |   | 21459 ANGELA YVONNE AVENUE  |

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.

SANTA CLARITA, CA 90024

| 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. |            |  |  |
| TIMOTHY A OGBU  | 11/21/2024 |  |  |
| Signature   | Date       |  |  |
|   |            |  |  |
|   |            |  |  |