



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

LLC-12

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**IMPORTANT** — This form can be filed online at  
[bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).

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

**FILED**  
**Secretary of State**  
**State of California**

**MAR 16 2022**

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

**Health to You, LLC**

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

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**3. State, Foreign Country or Place of Organization**  
 (only if formed outside of California)

**Tennessee**

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
One Park Plaza	Nashville	TN	37203
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
One Park Plaza - Legal Dept.	Nashville	TN	37203
c. Street Address of <b>California</b> Office, if Item 4a is not in California Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

**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 additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
John	M.	Franck	II
b. Entity Name - Do not complete Item 5a			
c. Address	City (no abbreviations)	State	Zip Code
One Park Plaza	Nashville	TN	37203

**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 <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State <b>CA</b>	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

**C T Corporation System****7. Type of Business**

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

**Healthcare related business****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. Labor Judgment**


Does any Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?

☐

Yes

☒

No

**10.** 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.3/15/2022  
DateJohn M. Franck II  
Type or Print NameManager  
Title  
Signature

2/3



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

**LLC-12A  
Attachment**

**A. Limited Liability Company Name** (Enter the **exact** name on file with the California Secretary of State.)

Health to You, LLC

*Above Space For Office Use Only*

**B. 12-Digit Secretary of State Entity (File) Number**

201008110374

**C. State, Foreign Country, or Place of Organization** (only if formed outside of California)

Tennessee

**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.

2a. First Name - Do not complete Item 2b <b>A. Bruce</b>	Middle Name	Last Name <b>Moore</b>	Suffix <b>Jr.</b>
2b. Entity Name - Do not complete Item 2a			
2c. Address <b>One Park Plaza</b>	City (no abbreviations) <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37203</b>
3a. First Name - Do not complete Item 3b <b>Christopher</b>	Middle Name <b>F.</b>	Last Name <b>Wyatt</b>	Suffix
3b. Entity Name - Do not complete Item 3a			
3c. Address <b>One Park Plaza</b>	City (no abbreviations) <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37203</b>
4a. First Name - Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name - Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name - Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name - Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name - Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name - Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name - Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name - Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name - Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name - Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code