



BA20250312869

B3440-2849 02/12/2025 4:47 PM Received by California Secretary of State



**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.: BA20250312869

Date Filed: 2/12/2025

Entity Details					
Limited Liability Company Name	VIVAMED HEALTH INSURANCE, LLC				
Entity No.	202565710216				
Formed In	CALIFORNIA				
Street Address of Principal Office of LLC					
Principal Address	17539 DAYTON ST VICTORVILLE, CA 92395				
Mailing Address of LLC					
Mailing Address	17539 DAYTON ST VICTORVILLE, CA 92395				
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>+ MAYRA ARCELIA WILLIAMS</td> <td>17539 DAYTON ST VICTORVILLE, CA 92395</td> </tr> </tbody> </table>		Manager or Member Name	Manager or Member Address	+ MAYRA ARCELIA WILLIAMS	17539 DAYTON ST VICTORVILLE, CA 92395
Manager or Member Name	Manager or Member Address				
+ MAYRA ARCELIA WILLIAMS	17539 DAYTON ST VICTORVILLE, CA 92395				
Agent for Service of Process					
Agent Name	MAYRA ARCELIA WILLIAMS				
Agent Address	17539 DAYTON ST VICTORVILLE, CA 92395				
Type of Business					
Type of Business	INSURANCE SERVICES				
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>MAYRA ARCELIA WILLIAMS</u>	<u>02/12/2025</u>				
Signature	Date				