

L24000392864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

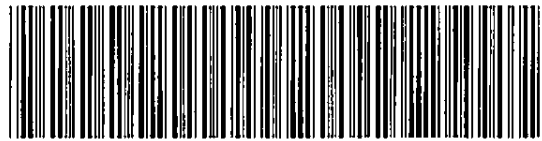
(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HSA CGH LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Bucket  
Name of Person

Health Care Systems of America  
Firm/Company

505 N. Brand Blvd. STE 1200  
Address

Glendale CA 91203  
City/State and Zip Code

jbucket@hsc-hospitals.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Bucket at ( 818 ) 666-0602  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HSA CGH LLC

2. (a) HSA CGH LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

3100 Douglas R.D.
Coral Gables, FL 33134

(b) HSA CGH LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

505 N. Brand Blvd STE 1200
Glendale, CA 91203

3. 09-09-2024
Date of filing/registration in Florida

4. L24000392864
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agents Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4th ST, N STE 300
St. Petersburg, FL 33702

(b) David Geller
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Wahid Vizcaino Geller PLLC
NEW Registered Office Address:
2103 Coral Way Suite 401
Miami, FL 33145

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jonathan Burkett - Chief Compliance
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2025

JONATHAN BURKET  
505 N. BRAND BLVD  
STE 1200  
GLENDALE, CA 91203

SUBJECT: HSA CGH LLC  
Ref. Number: L24000392864

We have received your document for HSA CGH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE THE INCORRECT FILE DATE FOR STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 425A00021465