

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000392864

Entity Name: HSA CGH LLC

Current Principal Place of Business:

3100 DOUGLAS RD
CORAL GABLES, FL 33134

Current Mailing Address:

505 NORTH BRAND BLVD
SUITE 1200
GLENDALE, CA 91203 US

FEI Number: 99-5038459

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	SARIAN, MIKE	Name	LEDEZMA, ERIKA
Address	505 NORTH BRAND BLVD, SUITE 1200	Address	10321 NW 10TH ST
City-State-Zip:	GLENDALE CA 91203	City-State-Zip:	MIAMI FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIKE SARIAN

HEALTHCARE SYSTEMS OF AMERICA 04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date