

**Limited Liability Company (LLC)
Statement of Members**

(Government Code Section 84109)

Type or Print in Ink.

Amendment☐ Check box if an Amendment# 9 / 2 / 25Date qualification threshold met
(Month, Day, Year)

Date Stamp

**CALIFORNIA
FORM 409**

For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Washington Outpatient Surgery Center LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Prasad Kilaru, MD	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (510) 648-2626	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: prkilaru@gmail.com
LLC STREET ADDRESS: 2299 Mowry Avenue	CITY: Fremont	STATE: CA	ZIP CODE: 94538
NAME OF COMMITTEE: Washington Outpatient Surgery Center LLC		COMMITTEE ID: n/a	COMMITTEE PHONE NUMBER: (510) 648-2626
COMMITTEE STREET ADDRESS: 2299 Mowry Avenue		CITY: Fremont	STATE: CA

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Washington Township Hospital Development Corporation	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			53.25
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS

4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/8/2025
DATE

By

Prasad Kilaru, MD

SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear

FPPC Form 409 (Nov/2021)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)