

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000322912

Entity Name: ALPHARM HEALTHCARE SERVICES LLC

Current Principal Place of Business:

19430 E OAKMONT DR
HIALEAH, FL 33015

Current Mailing Address:

19430 E OAKMONT DR
HIALEAH, FL 33015 US

FEI Number: 85-3556077

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRYANT, BERNARD H
847 NW 119 STREET
205
MIAMI, FL 33168 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
Name DARBOUZE, ALIE
Address 19430 E OAKMONT DR
City-State-Zip: HIALEAH FL 33015

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: ALIE DARBOUZE

DIRECTOR

03/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date