

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000096002

Entity Name: PARAMOUNT HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

9863 E FERN STREET
PALMETTO BAY , FL 33157

Current Mailing Address:

9863 E FERN STREET
PALMETTO BAY , FL 33157 US

FEI Number: 88-1115962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALONSOALFONSO, ADANYS
9863 E FERN STREET
PALMETTO BAY , FL 33157 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 CEO
Name ALONSOALFONSO, ADANYS
Address 8910 MIRAMAR PKWY STE 305 #1057
City-State-Zip: MIRAMAR FL 33025

Title MGR
Name ALONSOALFONSO, ADANYS
Address 8910 MIRAMAR PKWY STE 305 #1057
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name TORRES, ERIC
Address 9863 E FERN STREET
City-State-Zip: PALMETTO BAY FL 33157

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: ADANYS ALONSOALFONSO

CEO

06/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date