

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000096002

**Entity Name:** PARAMOUNT HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

8910 MIRAMAR PKWY STE 305 #1057  
MIRAMAR, FL 33025

**Current Mailing Address:**

8910 MIRAMAR PKWY STE 305 #1057  
MIRAMAR, FL 33025 US

**FEI Number:** 88-1115962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALONSOALFONSO, ADANY  
8910 MIRAMAR PKWY  
STE 200C #1057  
MIAMI, FL 33134 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                             | Title           | MGR                             |
| Name            | ALONSOALFONSO, ADANY            | Name            | ALONSOALFONSO, ADANY            |
| Address         | 8910 MIRAMAR PKWY STE 305 #1057 | Address         | 8910 MIRAMAR PKWY STE 305 #1057 |
| City-State-Zip: | MIRAMAR FL 33025                | City-State-Zip: | MIRAMAR FL 33025                |

*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:** ADANY ALONSOALFONSO

CEO

05/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date