

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000139377

**Entity Name:** FAMILIA HEALTH CLINIC LLC**Current Principal Place of Business:**450 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441**Current Mailing Address:**450 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 US**FEI Number:** 84-2005821**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CSG - CAPITAL SERVICES GROUP INC  
1191 E NEWPORT CENTER DR  
SUITE 103  
DEERFIELD BEACH, FL 33442 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	AMBR
Name	PARAMOUNT HOLDING INTERNATIONAL LLC
Address	450 W HILLSBORO BLVD
City-State-Zip:	DEERFIELD BEACH FL 33441
Title	MANAGER
Name	SODERBERG, ANA RITA FEHR
Address	450 W HILLSBORO BLVD
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	MANAGER
Name	SODERBERG, TOMAS EDVARD RUNE
Address	450 W HILLSBORO BLVD
City-State-Zip:	DEERFIELD BEACH FL 33441
Title	MANAGER
Name	SODERBERG, ARTHUR FEHR
Address	450 W HILLSBORO BLVD
City-State-Zip:	DEERFIELD BEACH FL 33441

*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:** TOMAS SODERBERG**MEMBER****04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date