

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000322912

**Entity Name:** ALPHARM HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

813 NW 119TH STREET  
MIAMI, FL 33168

**Current Mailing Address:**

3409 BRADENHAM LN  
DAVIE, FL 33328 US

**FEI Number: 85-3556077**

**Certificate of Status Desired: Yes**

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

DARBOUZE, ALIE  
813 NW 119TH STREET  
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:** ALIE DARBOUZE

03/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DARBOUZE, ALIE  
Address 813 NW 119TH STREET  
City-State-Zip: MIAMI FL 33168

*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

MANAGER

03/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date