# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 12, 2010**
**Secretary of State**

DOCUMENT# L09000075830

**Entity Name:** PASTEUR MEDICAL HOLDINGS, LLC

**Current Principal Place of Business:**

4578 WEST 12TH AVENUE
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

4578 WEST 12TH AVENUE
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BARTHET, PATRICK C
200 S. BISCAYNE BLVD.
SUITE 1800
MIAMI, FL 33131 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: NECUZE, GERARDO
Address: 200 S. BISCAYNE BLVD., SUITE 1800
City-St-Zip: MIAMI, FL 33131 US

Title: MGR
Name: PEREZ, LUIS A
Address: 200 S. BISCAYNE BLVD., SUITE 1800
City-St-Zip: MIAMI, FL 33131 US

Title: MGR
Name: ENRIQUEZ, MANUEL
Address: 200 S. BISCAYNE BLVD., SUITE 1800
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: LUIS PEREZ MGR 04/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date