

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000075830

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**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 (X)**

**FEI Number Not Applicable ( )**

**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 Statutes.

SIGNATURE: GERARDO NECUZE

MGR

02/08/2011

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