

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075830

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

**Current Principal Place of Business:**

4578 WEST 12TH AVENUE  
HIALEAH, FL 33012

**Current Mailing Address:**

8000 GOVERNORS SQUARE BLVD  
STE #201  
MIAMI LAKES, FL 33016 US

**FEI Number:** 45-1616220

**Certificate of Status Desired:** No

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

BARTHET, PATRICK C  
200 S. BISCAYNE BLVD.  
SUITE 1800  
MIAMI, FL 33131 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 MGR  
Name NECUZE, GERARDO  
Address 200 S. BISCAYNE BLVD., SUITE 1800  
City-State-Zip: MIAMI FL 33131

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

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

*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:** GERARDO NECUZE

**PRESIDENT**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date