

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000075830

Entity Name: PASTEUR MEDICAL HOLDINGS, LLC

Current Principal Place of Business:

3250 MARY STREET
#400
COCONUT GROVE, FL 33133

Current Mailing Address:

3250 MARY STREET
SUITE 400
COCONUT GROVE, FL 33133 US

FEI Number: 45-1616220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ROBERT M KLINE

05/06/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title SECRETARY
Name KIEFER, KATHLEEN S.
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name SCHER, VINCENT E.
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER
Name NOBLE, ERIC K
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER
Name HIGHLAND ACQUISITION HOLDINGS
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT
Name OROZCO, TOMAS IGNACIO
Address 9250 W FLAGLER STREET
City-State-Zip: MIAMI FL 33174

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: KATHLEEN S. KIEFER

SECRETARY

05/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date