

2017 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:

3250 MARY STREET
#400
COCONUT GROVE, FL 33133 US

FEI Number: 45-1616220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLINE, ROBERT M
333 SE 2ND AVENUE
#4500
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: ROBERT M KLINE

04/17/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name SCHUTZEN, RON
Address 3250 MARY STREET
 #400
City-State-Zip: COCONUT GROVE FL 33133

Title CAO
Name LAM, GALE
Address 3250 MARY STREET
 #400
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name PETER, FRANCIS
Address 3250 MARY STREET
 #400
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name BLACK, DARREN M
Address 3250 MARY STREET
 #400
City-State-Zip: COCONUT GROVE FL 33133

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: GALE LAM

CAO

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date