

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061110

**Entity Name:** PASTEUR PHARMACY II, LLC

**Current Principal Place of Business:**

5900 N.W. 183RD STREET  
MIAMI GARDENS, FL 33015

**Current Mailing Address:**

PASTEUR PHARMACY  
8000 GOVERNORS SQUARE BLVD STE 201  
MIAMI LAKES, FL 33016

**FEI Number:** 27-2844265

**Certificate of Status Desired:** No

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

BARTHET, PATRICK  
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 MGRM  
Name NECUZE, GERARDO A  
Address 8000 GOVERNORS SQUARE BLVD  
STE 201  
City-State-Zip: MIAMI LAKES FL 33016

*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

02/20/2014

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

\_\_\_\_\_ Date