

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024169

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** PASTEUR MEDICAL HOLDINGS 2, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 27-2511516

**FEI Number Applied For ( )**

**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:** 8000 GOVERNORS SQUARE BLVD STE 201  
**City-St-Zip:** MIAMI LAKES, FL 33016 US

**Title:** MGR  
**Name:** PEREZ, LUIS A  
**Address:** 8000 GOVERNORS SQUARE BLVD STE 201  
**City-St-Zip:** MIAMI LAKES, FL 33016 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

01/12/2012

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