

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088600

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

**Current Principal Place of Business:**

9250 W. FLAGLER STREET  
SUITE 600  
MIAMI, FL 33174

**Current Mailing Address:**

9250 W. FLAGLER STREET  
SUITE 600  
MIAMI, FL 33174 US

**FEI Number:** 26-0813665

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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

04/27/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	SECRETARY
Name	HIGHLAND ACQUISITION HOLDINGS, LLC	Name	KIEFER, KATHLEEN SUSAN
Address	9250 W. FLAGLER STREET SUITE 600	Address	9250 W. FLAGLER STREET SUITE 600
City-State-Zip:	MIAMI FL 33174	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 SUSAN KIEFER

SECRETARY

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date