

2018 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:

3250 MARY STREET
#400
COCONUT GROVE, FL 33133 US

FEI Number: 27-2844265

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

04/09/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title CFO
Name CHEVANCE, CLAUDE D.
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

Title SECRETARY
Name KIEFER, KATHLEEN S.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name SCHER, VINCENT E.
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER
Name NOBLE, ERIC K
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

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

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date