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2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US Certificate of Status Desired: No

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.

| Electronic Signature of Registered Agent | | |
|--|--|--|
| | | Date |
| rson(s) Detail : | | |
| EO, PRESIDENT | Title | MANAGER |
| CHUTZEN, RONALD | Name | HIGHLAND ACQUISITION HOLDINGS, LLC |
| 250 MARY STREET 4400 | Address | 3250 MARY STREET #400 |
| OCONUT GROVE FL 33133 | City-State-Zip: | COCONUT GROVE FL 33133 |
| FO | Title | SECRETARY |
| HEVANCE, CLAUDE D. | | KIEFER, KATHLEEN S. |
| 250 MARY STREET 400 | Address | 120 MONUMENT CIRCLE |
| OCONUT GROVE FL 33133 | City-State-Zip: | INDIANAPOLIS IN 46204 |
| REASURER | Title | ASST. TREASURER |
| CHER, VINCENT E. | Name | NOBLE, ERIC K |
| 20 MONUMENT CIRCLE | Address | 120 MONUMENT CIRCLE |
| NDIANAPOLIS IN 46204 | City-State-Zip: | INDIANAPOLIS IN 46204 |
| E C 244 (F C 2 | EO, PRESIDENT CHUTZEN, RONALD 50 MARY STREET 400 DCONUT GROVE FL 33133 FO HEVANCE, CLAUDE D. 50 MARY STREET 00 DCONUT GROVE FL 33133 REASURER CHER, VINCENT E. 0 MONUMENT CIRCLE | EO, PRESIDENTTitleCHUTZEN, RONALDName50 MARY STREET 400AddressCONUT GROVE FL 33133City-State-Zip:FOTitleHEVANCE, CLAUDE D.Name50 MARY STREET 00AddressCONUT GROVE FL 33133City-State-Zip:FOTitleSto MARY STREET 00AddressCONUT GROVE FL 33133City-State-Zip:REASURERTitleCHER, VINCENT E.Name0 MONUMENT CIRCLEAddress |

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

FILED Apr 09, 2018 Secretary of State CC9038391260

Date