2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000019333

Entity Name: PASTEUR PHARMACY IV, LLC

FILED Aug 10, 2018 **Secretary of State** CC4281495470

Current Principal Place of Business:

3320 W 84TH ST HIALEAH, FL 33018

Current Mailing Address:

3250 MARY STREET #400

COCONUT GROVE, FL 33133 US

FEI Number: 45-4493353 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COCONUT GROVE FL 33133

C T CORPORATION SYSTEM 1200 S PINE ISLAND RD #4500 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 08/10/2018

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MANAGER** Title SECRETARY

HIGHLAND ACQUISITION HOLDINGS, Name Name KIEFER, KATHLEEN S.

Address 120 MONUMENT CIRCLE Address 3250 MARY STREET City-State-Zip: INDIANAPOLIS IN 46204

#400

City-State-Zip:

Title ASST. TREASURER

Title **TREASURER** Name NOBLE, ERIC K

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

INDIANAPOLIS IN 46204 City-State-Zip:

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.

Date