2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000048404

Entity Name: PASTEUR MEDICAL KENDALL, 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: 47-3464152

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 | NATURE: ROBERT M KLINE | | | 04/26/2022 |
|-------------------------------|--|-----------------|------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MANAGER | Title | SECRETARY | |
| | HIGHLAND ACQUISITION HOLDINGS, | Name | KIEFER, KATHLEEN SUSAN | |
| Address | LLC 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

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 26, 2022 Secretary of State 2654016204CC

Certificate of Status Desired: No

Date