

**2021 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**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

03/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER
Name	HIGHLAND ACQUISITION HOLDINGS, LLC
Address	9250 W. FLAGLER STREET SUITE 600
City-State-Zip:	MIAMI FL 33174
Title	TREASURER
Name	SCHER, VINCENT E.
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	SECRETARY
Name	KIEFER, KATHLEEN S.
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204
Title	ASST. TREASURER
Name	NOBLE, ERIC K
Address	220 VIRGINIA AVENUE
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**

03/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date