

P22000067092

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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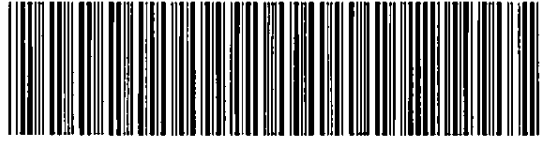
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JUN 26  
S. PRATHER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Immugen BioPharma, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P22000067092

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Craig R. Travis, M.D.  
(Name of Person)

Immugen BioPharma, Inc.  
(Name of Firm/Company)

7900 SW Red Road, Suite 26  
(Address)

South Miami, FL 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig R. Travis, M.D. at ( 305-321-7458 )  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robert L. Hirsch, PhD., hereby resign as Chief Scientific Officer  
(Title)

of Immugen BioPharma, Inc.  
(Name of Corporation)

P22000067092, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2024 MAY 15 AM 7:35  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA