

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000067092

**Entity Name:** IMMUGEN BIOPHARMA, INC.

**Current Principal Place of Business:**

7900 RED ROAD  
#26  
MIAMI, FL 33413

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**9309239061CC**

**Current Mailing Address:**

7900 RED ROAD  
#26  
MIAMI, FL 33413 US

**FEI Number: 88-3924241**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FATER, DAVID H  
7900 RED ROAD  
#26  
MIAMI, FL 33413 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title CFO  
Name FATER, DAVID H  
Address 7900 RED ROAD #26  
City-State-Zip: MIAMI FL 33413

Title P  
Name TRAVIS, CRAIG R  
Address 7900 RED ROAD #26  
City-State-Zip: MIAMI FL 33413

Title EVP  
Name MASSEY, BILL  
Address 7900 RED ROAD #26  
City-State-Zip: MIAMI FL 33413

Title COO  
Name WEISER, WENDY  
Address 7900 RED ROAD #26  
City-State-Zip: MIAMI FL 33413

Title CSO  
Name WILSON, LATRESIA  
Address 7900 RED ROAD #26  
City-State-Zip: MIAMI FL 33413

Title EVP  
Name BAVENDAM, TAMARA  
Address 7900 RED ROAD #26  
City-State-Zip: MIAMI FL 33413

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CRAIG TRAVIS**

**PRESIDENT**

**03/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date