

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045527

**Entity Name:** IMMUNOPATH PROFILE, LLC

**Current Principal Place of Business:**

5641 ELEUTHERA WAY  
NAPLES, FL 34119

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**8114813371CC**

**Current Mailing Address:**

5641 ELEUTHERA WAY  
NAPLES, FL 34119 US

**FEI Number:** 23-2529112

**Certificate of Status Desired:** Yes

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

GIRSH, LEONARD  
5641 ELEUTHERA WAY  
NAPLES, FL 34119 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

**Authorized Person(s) Detail :**

Title MGR  
Name GIRSH, LEONARD  
Address 13105 VANDERBILT DRIVE  
SUITE 506  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name GIRSH, ANNETTE  
Address 13105 VANDERBILT DRIVE  
SUITE 506  
City-State-Zip: NAPLES FL 34110

Title DBD  
Name GIRSH, BRIAN  
Address 5641 ELEUTHERA WAY  
City-State-Zip: NAPLES FL 34119

Title PPM  
Name GIRSH, FRANCINE  
Address 5641 ELEUTHERA WAY  
City-State-Zip: NAPLES FL 34119

Title SECRETARY  
Name RODRIGUEZ, JANY  
Address 5641 ELEUTHERA WAY  
City-State-Zip: NAPLES FL 34119

Title CSO  
Name MONTENIERI, DEBI  
Address 5641 ELEUTHERA WAY  
City-State-Zip: NAPLES FL 34119

Title ESQ  
Name VANDERLAAN, BRUCE  
Address 5641 ELEUTHERA WAY  
City-State-Zip: NAPLES FL 34119

*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:** LEONARD S GIRSH

MD

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date