

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045527

**Entity Name:** IMMUNOPATH PROFILE, LLC

**Current Principal Place of Business:**

325 DUNES BLVD, STE. 403  
NAPLES, FL 34110

**Current Mailing Address:**

325 DUNES BLVD, STE. 403  
NAPLES, FL 34110

**FEI Number:** 23-2529112

**Certificate of Status Desired:** Yes

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

GIRSH, LEONARD  
325 DUNES BLVD, STE. 403  
NAPLES, FL 34110 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 325 DUNES BLVD, STE. 403  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name GIRSH, ANNETTE  
Address 325 DUNES BLVD, STE. 403  
City-State-Zip: NAPLES FL 34110

*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 GIRSH

MGR

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date