

2013 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: No

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

Title MGR
Name GIRSH, LEONARD SM.D.
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNETTE GIRSH

MANAGER

02/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date