

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000001643

**Entity Name:** THERAPATH PARTNERS LLC

**Current Principal Place of Business:**

545 WEST 45TH STREET  
NEW YORK, NY 10036

**Current Mailing Address:**

6655 N. MACARTHUR BLVD  
IRVING, TX 75039 US

**FEI Number: 84-4158958**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            GOSS, DARRYL  
Address        6655 N MAC ARTHUR BLVD  
City-State-Zip: IRVING TX 75039

Title            SECRETARY  
Name            REINKE, BONNIE  
Address        6655 N MAC ARTHUR BLVD  
City-State-Zip: IRVING TX 75039

Title            TREASURER  
Name            ENGELBERG, DAVID  
Address        6655 N MAC ARTHUR BLVD  
City-State-Zip: IRVING TX 75039

*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: BONNIE REINKE**

**SECRETARY**

**04/05/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date