

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000001643

Entity Name: THERAPATH PARTNERS LLC

Current Principal Place of Business:

6655 N MAC ARTHUR BLVD
IRVING, TX 75039

Current Mailing Address:

6655 N MAC ARTHUR 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 P
Name MOONEY, DONALD
Address 6655 N MAC ARTHUR BLVD
City-State-Zip: IRVING TX 75039

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

Title TREASURER
Name WALKER, CHRIS
Address 6655 N MACARTHUR BLVD
City-State-Zip: IRVING TX 75039

Title DIRECTOR
Name MOONEY, DONALD
Address 6655 N MACARTHUR BLVD
City-State-Zip: IRVING TX 75039

Title DIRECTOR
Name HARWOOD, CHARLES
Address 6655 N MACARTHUR 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

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date