

**2024 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:**

545 WEST 45TH STREET  
NEW YORK, NY 10036 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	MANAGER	Title	MANAGER
Name	HSIEH, MING	Name	KIM, PAUL
Address	545 WEST 45TH STREET	Address	545 WEST 45TH STREET
City-State-Zip:	NEW YORK NY 10036	City-State-Zip:	NEW YORK NY 10036

*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: PAUL KIM**

**MANAGER**

**04/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date