

2023 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
Name MING, HSIEH
Address 545 WEST 45TH STREET
City-State-Zip: NEW YORK NY 10036

Title MANAGER
Name PAUL, KIM
Address 545 WEST 45TH STREET
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: KIM, PAUL

MANAGER

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date