

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003742

**Entity Name:** IMMUNA CARE CORPORATION

**Current Principal Place of Business:**

650 SENTRY PARKWAY, STE. ONE  
BLUE BELL, PA 19422

**Current Mailing Address:**

650 SENTRY PARKWAY, STE. ONE  
BLUE BELL, PA 19422

**FEI Number:** 23-2521657

**Certificate of Status Desired:** No

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

KLUG, THOMAS L  
13654 NORTH 12TH STREET, STE. 3  
TAMPA, FL 33613 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

**Officer/Director Detail :**

Title DP  
Name KLUG, THOMAS L  
Address 13654 N. 12TH STREET, STE. 3  
City-State-Zip: TAMPA FL 33613

Title DVP  
Name MANKIN, GARY  
Address 650 SENTRY PARKWAY, STE. ONE  
City-State-Zip: BLUE BELL PA 19422

Title ST  
Name MANKIN, GARY  
Address 650 SENTRY PARKWAY, STE. ONE  
City-State-Zip: BLUE BELL PA 19422

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY MANKIN

VP

02/17/2023

Electronic Signature of Signing Officer/Director Detail

Date