

# L12000045527

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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C. LEWIS  
OCT -1 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

Immunopath Profile, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leonard S. Girsh, M.D.

\_\_\_\_\_  
Name of Person

Immunopath Profile, LLC

\_\_\_\_\_  
Firm/Company

325 Dunes Blvd, Suite 403

\_\_\_\_\_  
Address

Naples, Florida 34110

\_\_\_\_\_  
City/State and Zip Code

I.girsh@att.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonard S. Girsh, M.D.

\_\_\_\_\_  
Name of Person

at ( 239 )

592-6605

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**IMMUNOPATH PROFILE, LLC**

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DIVISION OF CORPORATIONS

2012 SEP 28 PM 12:01

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 2, 2012 and assigned  
Florida document number L12000045527.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Immunopath Profile, LLC is a Research and Development company designing and marketing pharmaceuticals for the pharmaceutical industry. The basis of Immunopath Profile, LLC immunotherapeutics is to reestablish tissue integrity through F.A.S.T., a therapeutic that Facilitates, Activates, Accelerates and Stimulates Treatment wherein the patient's own (cont., see attachment)

Dated September 25, 2012

*Leonard S. Girsh M.D.*

Signature of a member or authorized representative of a member

Leonard S. Girsh, M.D.

Typed or printed name of signer


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(continued from Section D, page 2) deactivated healing systems are reactivated, non-invasively, free of undesirable effects. With the reestablishment of tissue integrity the immuno-inflammatory response system is deactivated and is promptly followed by disease reversal and resolution.

Immunopath Profile, LLC is also researching and developing processed food product methodologies, systems, and processes for removal or negation of disease causing factors and inflammatory chemicals or agents as with pharmaceuticals, pending and granted FDA applications:

Covered by issued U.S. Patents. Pending patents. Registered trademarks F.A.S.T.<sup>®</sup>, SynthetiCell<sup>®</sup>, Cell Biochem Stem Cell Repair Kit<sup>®</sup>, Genomic Repair Kit<sup>®</sup> and Stem Cell Repair Kit<sup>®</sup> are all registered trademarks of Immunopath Profile, Inc, all rights reserved.

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Leonard S. Girsh, M.D.