2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

DOCUMENT# N02000009295

Entity Name: PET THERAPY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4175 NW 7TH CT
DELRAY BEACH, FL 33445

New Principal Place of Business:

14545-J MILITARY TRAIL #143
DELRAY BEACH, FL 33484

Current Mailing Address:

14545 J MILITARY TRAIL #143
DELRAY BEACH, FL 33484

New Mailing Address:

14545-J MILITARY TRAIL #143
DELRAY BEACH, FL 33484

FEI Number: 33-1034677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECICCO, THOMAS E
14545 J MILITARY TRAIL #143
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

DECICCO, THOMAS E
14545-J MILITARY TRAIL #143
DELRAY BEACH, FL 33484 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: _____ 03/22/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DECICCO, THOMAS E
Address: 14545 J MILITARY TRAIL #143
City-St-Zip: DELRAY BEACH, FL 33484

Title: SD ( ) Delete
Name: DECICCO, BETTY T
Address: 5406 RAINTREE TRAIL
City-St-Zip: FT PIERCE, FL 34982

Title: TD ( ) Delete
Name: THOMSON, SUSAN E
Address: 5406 RAINTREE TRAIL
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DECICCO, THOMAS E
Address: 14545-J MILITARY TRAIL #143
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: SD (X) Change ( ) Addition
Name: DECICCO, BETTY T
Address: 5406 RAINTREE TRAIL
City-St-Zip: FT PIERCE, FL 34982 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. DECICCO PD 03/22/2004
Electronic Signature of Signing Officer or Director — Date