

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009295

**Entity Name:** THERAPY DOGS OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**14545-J S. MILITARY TRL #186  
DELRAY BEACH, FL 33484**Current Mailing Address:**14545-J S. MILITARY TRL #186  
DELRAY BEACH, FL 33484 US**FEI Number: 33-1034677****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DECICCO, THOMAS ECEO  
14545-J S. MILITARY TRL  
#186  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT & TREASURER  
Name            DECICCO, THOMAS EPD/TD  
Address        14545-J S. MILITARY TRL #186  
City-State-Zip: DELRAY BEACH FL 33484

Title            VP  
Name            WILLIAMS, JILL  
Address        14545-J S. MILITARY TRL #186  
City-State-Zip: DELRAY BEACH FL 33484

Title            SECRETARY  
Name            DECICCO, CAROL  
Address        14545-J S. MILITARY TRL #186  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            FELE, DAWN  
Address        14545-J S. MILITARY TRL #186  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            ILGENFRITZ, CINDY  
Address        14545-J S. MILITARY TRL #186  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            MIKA, EVELYN  
Address        14545-J S. MILITARY TRL #186  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            DECICCO, JAMES  
Address        14545-J S. MILITARY TRL #186  
City-State-Zip: DELRAY BEACH FL 33484

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS E DECICCO****CEO****01/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date