

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007813

**Entity Name:** CANINE ASSISTED THERAPY, INC.

**Current Principal Place of Business:**

1040 NE 45 STREET  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

1040 NE 45 STREET  
OAKLAND PARK, FL 33334

**FEI Number:** 27-0700622

**Certificate of Status Desired:** Yes

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

WESOLOWSKI, MONICA  
1040 NE 45 STREET  
OAKLAND PARK, FL 33334 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:** MONICA WESOLOWSKI

02/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD MEMBER  
Name SEBASTIAN, THERESA  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title BOARD MEMBER  
Name GASSE, SUZANNE  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title CHAIRPERSON  
Name BERGER, WAYNE  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title TREASURER  
Name KLASFELD, MARVIN  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title SECRETARY  
Name VERDE, PHILIP  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title VC  
Name BROWN, NANCY  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title BOARD MEMBER  
Name O'CONNELL, PAUL  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title CEO  
Name WESOLOWSKI, MONICA  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334

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*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:** MONICA WESOLOWSKI

CEO

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name BERGER, DEBRA  
Address 1040 NE 45 STREET  
City-State-Zip: OAKLAND PARK FL 33334