

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

**FILED**

DOCUMENT# N09000007813

**Mar 22, 2013**

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

**Secretary of State  
CC5997334820**

**Current Principal Place of Business:**

3554 NE 12TH AVE  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

3554 NE 12TH AVE.  
OAKLAND PARK, FL 33334 US

**FEI Number: 27-0700622**

**Certificate of Status Desired: No**

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

BERGER, DEBRA M  
1631 SE 12TH COURT  
FORT LAUDERDALE, FL 33316 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 CEO, EXECUTIVE DIRECTOR  
Name BERGER, DEBRA M  
Address 3554 NE 12TH AVE.  
City-State-Zip: OAKLAND PARK FL 33334

Title CHAIRMAN, TREASURER  
Name BERGER, WAYNE  
Address 3554 NE 12TH AVE.  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name FLOWERS, SARAH  
Address 3554 NE 12TH AVE  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name JURGLE, JOANNE  
Address 3554 NE 12TH AVE.  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name MCCAULEY, SUSAN  
Address 3554 NE 12TH AVE.  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name CHRISTOPHER, SMITH  
Address 3554 NE 12TH AVE.  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name KIRK, APRIL  
Address 3554 NE 12TH AVE  
City-State-Zip: OAKLAND PARK FL 33334

Title SECRETARY  
Name SOKOLOFF, ANNA  
Address 3554 NE 12TH AVE  
City-State-Zip: OAKLAND PARK FL 33334

**Continues on page 2**

*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: DEBRA M. BERGER**

**EXECUTIVE  
DIRECTOR/CEO**

**03/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JACKMAN, STEPHEN  
Address 3554 NE 12TH AVE  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name GOUVEIA, JIM  
Address 3554 NE 12TH AVE  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name BROWN, NANCY  
Address 3554 NE 12TH AVE  
City-State-Zip: OAKLAND PARK FL 33334