## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000005318

Entity Name: HEEL 2 HEAL THERAPY DOGS, INC.

**Current Principal Place of Business:** 

2627 S. BAYSHORE DR. #606 MIAMI. FL 33133

**Current Mailing Address:** 

2627 S. BAYSHORE DR. #606 MIAMI, FL 33133 US

FEI Number: 92-3989691 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEBORAH B. SNYDER 2627 S. BAYSHORE DR. #606 MIAMI, FL 33133 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 CO-P Title

Name DEBORAH B. SNYDER Name DEBORAH B. SNYDER

Address 2627 S. BAYSHORE DR. #606 Address 2627 S. BAYSHORE DR. #606

City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33133

Title CO-P Title S

Name KELLY ROUNDS Name KELLY ROUNDS

Address 14 FITZGERALD ROAD Address 14 FITZGERALD ROAD

City-State-Zip: BLACK MOUNTAIN NC 29711 City-State-Zip: BLACK MOUNTAIN NC 29711

Title VP

Name BRAIN GALEA
Address 6230 SW 112 ST.
City-State-Zip: MIAMI FL 33156

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: DEBORAH SNYDER

CO-

01/11/2024

FILED Jan 11, 2024

**Secretary of State** 

8488259130CC

PRESIDENT/TREASURER

Electronic Signature of Signing Officer/Director Detail

Date