

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000054

Entity Name: PET THERAPY, INC.**Current Principal Place of Business:**3117 47TH STREET
SARASOTA, FL 34234**Current Mailing Address:**3117 47TH STREET
SARASOTA, FL 34234**FEI Number:** 65-0805446**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALEXANDER, KATHY M
3117 47TH STREET
SARASOTA, FL 34234 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	TD
Name	MCGEEVER, PATRICK J
Address	3117 47TH STREET
City-State-Zip:	SARASOTA FL 34234

Title	VD
Name	BILLINGHAM, KARA T
Address	36 BARKERS ISLAND RD
City-State-Zip:	SOUTHAMPTON NY 11968

Title	CHD, CHAIRMAN
Name	STEPHAN, MARTI
Address	2543 W BURR OAK CT
City-State-Zip:	SARASOTA FL 34232

Title	D
Name	VAUGHAN, JOAN M
Address	7870 EAGLE CREEK DRIVE
City-State-Zip:	SARASOTA FL 34243

Title	CEO
Name	ALEXANDER, KATHY M MS
Address	3117 47TH STREET
City-State-Zip:	SARASOTA FL 34234

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: KATHY M ALEXANDER

CEO

01/23/2023

Electronic Signature of Signing Officer/Director Detail_____
Date