

**2024 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	CHD, CHAIRMAN
Name	MCGEEVER , PATRICK J CHAIRMAN
Address	3117 47TH STREET
City-State-Zip:	SARASOTA FL 34234
Title	CEO
Name	ALEXANDER, KATHY M MS
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	D
Name	VAUGHAN, JOAN M
Address	7870 EAGLE CREEK DRIVE
City-State-Zip:	SARASOTA FL 34243
Title	DIRECTOR
Name	HASLEM, JOANNA
Address	937 SUNRIDGE WAY
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**

**03/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date