

2016 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 HABIT, LORNA DEE
Address 5410 CREEPING HAMMOCK DR
City-State-Zip: SARASOTA FL 34231

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

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

Title VD
Name WARREN, JAIME
Address 428 E LAKE DR
City-State-Zip: SARASOTA FL 34232

Title D
Name HAVAS, ALEXANDRA
Address 2543 W. BURR COURT
City-State-Zip: SARASOTA FL 34232

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

01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date