2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700000548

Entity Name: CANINE ASSISTANTS, INC.

Current Principal Place of Business:

3160 FRANCIS ROAD MILTON, GA 30004

Current Mailing Address:

3160 FRANCIS ROAD MILTON, GA 30004 US

FEI Number: 58-1974410 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN STREET SUITE 4 TALLAHASSEE, FL 32301 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

FILED Jan 13, 2022

Secretary of State

8956469540CC

Officer/Director Detail:

Title PRESIDENT/CEO Title **SECRETARY** Name ARNOLD, JENNIFER Name BRUNER, KENT Address 3160 FRANCIS ROAD Address 3160 FRANCIS ROAD City-State-Zip: MILTON GA 30004 City-State-Zip: MILTON GA 30004

Title **DIRECTOR** Title CFO

Name KELLER. DREW Name ARNOLD, GARY

Address ALPHARETTA ANIMAL HOSPITAL Address 3160 FRANCIS ROAD

80 MILTON AVENUE ALPHARETTA GA 30004

City-State-Zip: City-State-Zip: MILTON GA 30004

Title **DIRECTOR**

Title DIRECTOR Name SHAMBLEN, SCOTT

Name THOMPSON, KAREN Address 118 BAT DRIVE

Address 6501 LAKESHORE PARKWAY City-State-Zip: SALUDA SC 29138

City-State-Zip: CHATTANOOGA TN 37416

Title DIRECTOR Title COO

Name STILWELL, VICTORIA Name ARNOLD III, HARRY DUDLEY

Address 535 WOODWARD WAY 3160 FRANCIS ROAD Address City-State-Zip: ATLANTA GA 30305

City-State-Zip: MILTON GA 30004

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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: HARRY DUDLEY ARNOLD III

COO

01/13/2022

Officer/Director Detail Continued:

DIRECTOR Title

PEDRICK, JOHN Name

Address 135 SHADOW SPRINGS DRIVE

6005 CHUKKER COURT

City-State-Zip: ALPHARETTA GA 30022

Title DIRECTOR

Name GAZZA, LYSA

Address

City-State-Zip: CUMMING GA 30040

Title DIRECTOR

Name ZACHA, JAMES

Address 4440 NEWHALL DRIVE

City-State-Zip: CUMMING GA 30040