

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008326

FILED  
Feb 20, 2007  
Secretary of State

Entity Name: DR. JANE'S HEALTHYPETNET FOUNDATION, INC.

**Current Principal Place of Business:**

4349 S.W. PORT WAY  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4349 S.W. PORT WAY  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-5373896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORMAN, KENNETH A  
2400 S.E. FEDERAL HIGHWAY  
FOURTH FLOOR  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BICKS, JANE DVM  
Address: 5931 S.E. 128TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: BERARDI, CAROL  
Address: 1050 S.W. CHAPMAN WAY  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: BERARDI, STEPHEN SR.  
Address: 4922 S.W. LAKE GROVE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: JOCHUM, PATSY L  
Address: 30 LAKE FOREST DRIVE  
City-St-Zip: OAKLAND, MD 21550

Title: D ( ) Delete  
Name: SINCLAIR, ANTHONY G  
Address: 669 PERDIDO HEIGHTS DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY SINCLAIR

D

02/20/2007

Electronic Signature of Signing Officer or Director

Date