

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008326

FILED
Feb 10, 2012
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
Name: BICKS, JANE DVM
Address: 5931 S.E. 128TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

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

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

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

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

Title: D
Name: LOGUE, LINDA
Address: 1950 SW TAURUS LANE
City-St-Zip: PORT ST LUCIE, FL 34984

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: ANTHONY SINCLAIR

CFO

02/10/2012

Electronic Signature of Signing Officer or Director

Date