

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003908

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** PETS FOR KIDS HEALTHCARE INC.

**Current Principal Place of Business:**

4799 NW 5TH AVE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4799 NW 5TH AVE  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 26-3509274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUDD, DONNA  
4799 NW 5TH AVE  
BOCA RATON, FL 33431 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:** P  
**Name:** BUDD, DONNA  
**Address:** 4799 NW 5TH AVE  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** S  
**Name:** BUDD, LILLY  
**Address:** 4799 NW 5TH AVE  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** T  
**Name:** BUDD, DALE  
**Address:** 4799 NW 5TH AVE  
**City-St-Zip:** BOCA RATON, FL 33431

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:** DONNA BUDD

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date