

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010006

**FILED**  
**Feb 03, 2019**  
**Secretary of State**  
**1617492221CC**

**Entity Name:** THE HEALING DAWGS INC.

**Current Principal Place of Business:**

3690 W. GANDY BLVD., STE. 204  
TAMPA, FL 33611

**Current Mailing Address:**

3690 W. GANDY BLVD., STE. 204  
TAMPA, FL 33611 US

**FEI Number: 81-4241685**

**Certificate of Status Desired: Yes**

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

CORNETT, SHERRY  
3690 W. GANDY BLVD., STE. 204  
TAMPA, FL 33611 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 D  
Name CORNETT, SHERRY  
Address 3690 W. GANDY BLVD., STE. 204  
City-State-Zip: TAMPA FL 33611

Title D  
Name HYPOLITE, RUTH  
Address 3690 W. GANDY BLVD., STE. 204  
City-State-Zip: TAMPA FL 33611

Title D  
Name MARTORELL, LESLIE  
Address 3690 W. GANDY BLVD. #204  
City-State-Zip: TAMPA FL 33611

*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: SHERRY CORNETT**

**DIRECTOR**

**02/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date