

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000005844

Entity Name: PETS HELP THE HEART HEAL, INC.**Current Principal Place of Business:**2201 SW 16TH TERRACE
FT. LAUDERDALE, FL 33315**Current Mailing Address:**P.O. BOX 350111
FT. LAUDERDALE, FL 33335 US**FEI Number:** 84-2400397**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, STEPHANIE D
2201 SW 16TH TERRACE
FT. LAUDERDALE, FL 33315 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	P/D
Name	JONES, STEPHANIE D DVM
Address	P.O. BOX 350111
City-State-Zip:	FT. LAUDERDALE FL 33335

Title	D
Name	ALLEN, DEBRA A
Address	P.O. BOX 350111
City-State-Zip:	FT. LAUDERDALE FL 33335

Title	D
Name	JONES, CHANDRIA
Address	P.O. BOX 350111
City-State-Zip:	FT.LAUDERDALE FL 33335

Title	D
Name	WILLIAMSON, JENNIFER
Address	P.O. BOX 350111
City-State-Zip:	FT. LAUDERDALE FL 33335

Title	D
Name	PINNOCK, ELIZABETH E
Address	P.O. BOX 350111
City-State-Zip:	FT. LAUDERDALE FL 33335

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: STEPHANIE JONES

P/D

02/22/2023

Electronic Signature of Signing Officer/Director Detail_____
Date