2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

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Entity Name: HANKISON FAMILY CHIROPRACTIC & ACUPUNCTURE, INC

Current Principal Place of Business:

1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536

New Principal Place of Business:

1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536 US

Current Mailing Address:

1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536

New Mailing Address:

1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536 US

FEI Number: 26-2457700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANKISON, HEATHER R
1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

HANKISON, TAMMY R
1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536 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: TAMMY R. HANKISON 02/07/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR
Name: HANKISON, JAMES F
Address: 6212 SHIRE LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: DR
Name: HANKISON, HEATHER R
Address: 501 WINGSPAN WAY
City-St-Zip: CRESTVIEW, FL 32536

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER R. HANKISON VP 02/07/2012
Electronic Signature of Signing Officer or Director Date