

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007326

Entity Name: HANKISON FAMILY CHIROPRACTIC & ACUPUNCTURE, INC

Current Principal Place of Business:

1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536

Current Mailing Address:

1455 S. FERDON BLVD
D2
CRESTVIEW, FL 32536 US

FEI Number: 26-2457700

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DR	Title	DR
Name	HANKISON, JAMES F	Name	HANKISON, HEATHER R
Address	6212 SHIRE LANE	Address	501 WINGSPAN WAY
City-State-Zip:	CRESTVIEW FL 32536	City-State-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 HANKISON

DIRECTOR

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date