

2025 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
Name HANKISON, JAMES F
Address 6212 SHIRE LANE
City-State-Zip: CRESTVIEW FL 32536

Title DR
Name HANKISON, HEATHER R
Address 917 MARACEL LOOP
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

OFFICER

01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date