

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 07, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P97000029851**

1. Entity Name

HANKINS ORTHOPAEDIC CENTER, P.A.



Principal Place of Business

545 HEALTH BLVD.  
DAYTONA BEACH, FL 32114

Mailing Address

545 HEALTH BLVD.  
DAYTONA BEACH, FL 32114



02282007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3436201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANKINS, CRAIG M M.D.  
545 HEALTH BLVD.  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000658251  
03/15/07-80031-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	HANKINS, CRAIG M.D.
STREET ADDRESS	2708 S. PENINSULA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Craig M. Hankins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.05.07

386.258.0090

Date

Daytime Phone #