

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V03306

**Entity Name:** AUGUST CHIROPRACTIC, INC.

**Current Principal Place of Business:**

695 NE 126TH STREET  
N MIAMI, FL 33161

**Current Mailing Address:**

695 NE 126TH STREET  
N MIAMI, FL 33161 US

**FEI Number:** 65-0316801

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AUGUST, CRAIG B  
695 NE 126TH STREET  
N MIAMI, FL 33161 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 AUGUST, CRAIG B.  
Address 695 NE 126TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DR.  
Name AUGUST, CRAIG B  
Address 7471 W OAKLAND PARK BLVD #109  
City-State-Zip: LAUDERHILL FL 33319

*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:** DR. CRAIG AUGUST

**PRESIDENT**

**03/12/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date