

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P93000076926 (3)**

95 JAN 24 AM 9:39

1. Corporation Name

**AIA CHIROPRACTIC CLINIC 655 BACK, INC.**

Principal Place of Business

Mailing Address

**3001 BROADWAY  
W PALM BEACH FL 33407**

**3001 BROADWAY  
W PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/25/1993**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

**65-0443667**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVNER, ROGER  
5620 GOLDEN EAGLE CIRCLE  
PALM BEACH GARDENS FL 33418**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PVST**

NAME

**RIVNER, ROGER**

STREET ADDRESS

**5620 GOLDEN EAGLE CIRCLE**

CITY-ST-ZIP

**PALM BEACH GARDENS FL 33418**

TITLE

**D**

NAME

**RIVNER, ROGER**

STREET ADDRESS

**5620 GOLDEN EAGLE CIRCLE**

CITY-ST-ZIP

**PALM BEACH GARDENS FL 33418**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an affidavit with an address.

SIGNATURE:

*Roger Rivner*  
TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-18-95

407-655-2225

(Title)

Telephone Number