

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000076926 (3)**

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**

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.

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 of Registered Agent (Required when Applicable)

(NOTE: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	RIVNER, ROGER	
STREET ADDRESS	5620 GOLDEN EAGLE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVNER, ROGER	
STREET ADDRESS	5620 GOLDEN EAGLE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change <input type="checkbox"/> Addition
1.2 NAME	West Palm Beach, FL 33405
1.3 STREET ADDRESS	3217 Vincent Road
1.4 CITY-ST-ZIP	Dr. & Mrs. Roger Rivner & Family
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. & Mrs. Roger Rivner & Family
2.3 STREET ADDRESS	3217 Vincent Road
2.4 CITY-ST-ZIP	West Palm Beach, FL 33405
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), Florida Statutes. 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME

CR2E034 (12/95)