

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000076921 (4)**

CHIROPRACTIC NATURAL HEALTH CENTER, INC.



Principal Office: 3001 BROADWAY W PALM BEACH FL 33407
 Mailing Address: 3001 BROADWAY W PALM BEACH FL 33407

2. Principal Office of Business: 21 22 23 24
 2a. Mailing Address: 26 27 28 29 30
 9. Name and Address of Current Registered Agent: RIVNER, ROGER 5620 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 10/25/1993
 3a. Date of Last Report: 01/24/1995
 4. FEIN Number: 65-0443670
 5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
 6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [] Yes [] No
 10. Name and Address of New Registered Agent

11. I, the undersigned, the president of the above corporation, and I, the undersigned, the authorized registered agent, hereby accept the appointment as registered agent of the above corporation in the State of Florida. I, the undersigned, the president of the corporation, hereby accept the appointment as registered agent of the above corporation in the State of Florida.

12. OFFICERS AND DIRECTORS:
 PVST RIVNER, ROGER 5620 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418
 D RIVNER, ROGER 5620 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996:
 RIVNER, ROGER 5620 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996:
 Dr. & Mrs. Roger Rivner & Family 3217 Vincent Road West Palm Beach, FL 33405
 Dr. & Mrs. Roger Rivner & Family 3217 Vincent Road West Palm Beach, FL 33405

14. I, the undersigned, certify that the information supplied with this report is true and correct and does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information included hereon is a true and correct report on the corporation's financial condition and that my signature shall have the same legal effect as if made under oath. I understand that the undersigned is authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name and address will be printed on the report.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)