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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N00467 (3)

1. Corporation Name

THE SCOLIOSIS ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O JANICE T. SACKS
4881 NW 5TH LANE
BOCA RATON FL 33431

C/O JANICE T. SACKS
4881 NW 5TH LANE
BOCA RATON FL 33431-4625

3. Date Incorporated or Qualified
12/19/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACKS, STANLEY E.
4881 NW 5TH LANE
BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SACKS, STANLEY E.	
STREET ADDRESS	4881 NW 5TH LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HURLEY, LINDA	
STREET ADDRESS	2348 N.W. 29TH ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PURDY, PHYLLIS	
STREET ADDRESS	4929 A ALDER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ARCHER, MIRIAM	
STREET ADDRESS	2525 S.E. 7TH DR.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MALLMAN, JOAN	
STREET ADDRESS	2033 N.E. 22 ST.	
CITY-ST-ZIP	MILTON MANORS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SACKS, JANICE T.	
STREET ADDRESS	4881 N.W. 5TH LANE	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOODMAN, ELEANOR	
1.3 STREET ADDRESS	2900 NE 14th STREET-#812	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janice T. Sacks* JANICE T. SACKS APRIL 8, '97 (561) 368-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038693

CR2E037 (9/96)