

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00467

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE SCOLIOSIS ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 22-2453670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SACKS, STANLEY E
Address: 4881 NW 5TH LANE
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: BERGER, J L
Address: 7280 AMBERLY-LANE #107
City-St-Zip: DELRAY BEACH, FL 33446

Title: PD () Delete
Name: SACKS, JANICE T.
Address: 4881 N.W. 5TH LANE
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE T. SACKS

P

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date