2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00467

1. Entity 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

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04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
22-2453670
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000531159
05/06/06-80027-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SACKS, STANLEY E
STREET ADDRESS	4881 NW 5TH LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	BERGER, J L
STREET ADDRESS	7280 AMBERLY-LANE #107
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	PD
NAME	SACKS, JANICE T.
STREET ADDRESS	4881 N.W. 5TH LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice T. Sacks 4/20/06 (561)368-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #