

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00467

**FILED**  
**Apr 25, 2012**  
**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:**

C/O JANICE T. SACKS  
4881 NW 5TH LANE  
BOCA RATON, FL 334314625 US

**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  
Name: SACKS, STANLEY E  
Address: 4881 NW 5TH LANE  
City-St-Zip: BOCA RATON, FL

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

Title: PD  
Name: SACKS, JANICE T.  
Address: 4881 N.W. 5TH LANE  
City-St-Zip: BOCA RATON, FL 33431-462 US

I hereby 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 all other like empowered.

SIGNATURE: JANICE T. SACKS

PD

04/25/2012

Electronic Signature of Signing Officer or Director

Date