

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005286

1. Entity Name
SCOLIOSIS ASSOCIATION, INC.



Principal Place of Business
2500 NORTH MILITARY TRAIL-#301
CRYSTAL CORPORATE CENTER
BOCA RATON, FL 33421

Mailing Address
P.O. BOX 811705
BOCA RATON, FL 33481-1705



01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0189453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STANLEY E SACKS
STREET ADDRESS 4881 NW 5TH LN
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VPD
NAME JANICE T SACKS
STREET ADDRESS 4881 NW 5TH LN
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME LIPIN, NORMAN
STREET ADDRESS 22736 LA QUINTA DRIVE
CITY-ST-ZIP MISSION VIEJO, CA 926911914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000385194
01/18/06-80006-024 61.25

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IN THIS SPACE**

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: Stanley E. Sacks **STANLEY E. SACKS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06
Date

(561) 994-4435
Daytime Phone #