# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005286

**Entity Name:** SCOLIOSIS ASSOCIATION, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 2500 NORTH MILITARY TRAIL-#301<br>CRYSTAL CORPORATE CENTER<br>BOCA RATON, FL 33421 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| P.O. BOX 811705<br>BOCA RATON, FL 334811705 | |

FEI Number: 51-0189453        FEI Number Applied For ( )        FEI Number Not Applicable ( )        Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| SACKS, STANLEY E<br>4881 N.W. 5TH LANE<br>BOCA RATON, FL 33431    US | |

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:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES |
|---|---|---|---|
| Title: | PD        ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | STANLEY E SACKS, | Name: | |
| Address: | 4881 NW 5TH LN | Address: | |
| City-St-Zip: | BOCA RATON, FL 33431 | City-St-Zip: | |
| Title: | VPD        ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | JANICE T SACKS, | Name: | |
| Address: | 4881 NW 5TH LN | Address: | |
| City-St-Zip: | BOCA RATON, FL 33431 | City-St-Zip: | |
| Title: | D        ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | LIPIN, NORMAN | Name: | |
| Address: | 22736 LA QUINTA DRIVE | Address: | |
| City-St-Zip: | MISSION VIEJO, CA 926911914 | City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STANLEY E. SACKS                CEO            01/17/2008

       Electronic Signature of Signing Officer or Director               Date