

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90230 011 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000002160

1. Entity Name
SPINE AND SCOLIOSIS AETIOLOGY FOUNDATION, INC.



Principal Place of Business
4881 N.W. 5 LANE
BOCA RATON, FL 33431

Mailing Address
4881 N.W. 5 LANE
BOCA RATON, FL 33431

14010790



04252004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1035785

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 N.W. 5 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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SACKS, STANLEY E P/D 4881 N.W. 5 LANE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D SACKS, JANICE T C/D 4881 N.W. 5 LANE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D COHEN, EARL M T/D 2505 N.W. BOC RATON BLVD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley E. Sacks Stanley E. Sacks

4/24/04

Date

(561)368-7666

Daytime Phone #