


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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
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04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06-80026-024 61.25

**DO NOT WRITE
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 817, 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 4/22/06 (561)368-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #