

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00467

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 33431-4625

Current Mailing Address:

C/O JANICE T. SACKS
4881 NW 5TH LANE
BOCA RATON, FL 33431

FEI Number: 22-2453670

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACKS, STANLEY E.
4881 NW 5TH LANE
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

Officer/Director Detail :

Title VPD
Name SACKS, STANLEY E
Address 4881 NW 5TH LANE
City-State-Zip: BOCA RATON FL

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

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

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

02/26/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date