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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/16/2015

2015 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

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

Officer/Director Detail :

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

FILED Apr 16, 2015 Secretary of State CC8931458971

Certificate of Status Desired: No

Date

Date