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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003677 (2)

1. Corporation Name

SURGICAL AID TO CHILDREN OF THE WORLD, INC.



Principal Place of Business

Mailing Address

185 NORTH VILLAGE AVENUE
ROCKVILLE CENTRE NY 11570

185 NORTH VILLAGE AVENUE
ROCKVILLE CENTRE NY 11570-3810

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEID, GERALDINE
6467 EASTPOINTE PINES ST
PALM BEACH GARDENS FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME SEID, ANDREW
STREET ADDRESS 380 WEST 55TH ST
CITY-ST-ZIP NEW YORK NY 10019

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCD DELETE
NAME SCHROCK, PETER MD
STREET ADDRESS SCHNEIDER CHILDREN'S HOSPITAL
CITY-ST-ZIP NEW HYDE PARK NY 11042

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME WOOLLEY, MORTON
STREET ADDRESS 535 MEADOW GROVE ST
CITY-ST-ZIP FLINTRIDGE CA 91011

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD DELETE
NAME BIENER, CARL
STREET ADDRESS 4970 W. RIVER DR.
CITY-ST-ZIP COMSTOCK PARK MI 49321

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD DELETE
NAME BRONSTHER, ELLYN
STREET ADDRESS 114 CEDAR AVE
CITY-ST-ZIP HEWLETT BAY PARK NY 11557

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE C DELETE
NAME BRONSTHER, BURTON M.D.
STREET ADDRESS 185 NO VILLAGE AVE
CITY-ST-ZIP ROCKVILLE CENTRE NY 11570

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

2/20/97

516-374-4118

CR2E037 (9/96)