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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003677

1. Corporation Name

SURGICAL AID TO CHILDREN OF THE WORLD, INC.

Principal Place of Business

114 CEDAR AVENUE  
HEWLETT NY 11557  
US

Mailing Address

114 CEDAR AVENUE  
HEWLETT NY 1157  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/12/1993

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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  DELETE

TITLE S  
NAME SEID, ANDREW  
STREET ADDRESS 360 WEST 55TH ST  
CITY-ST-ZIP NEW YORK NY 10019

TITLE VCD  DELETE  
NAME SHROCK, PETER MD  
STREET ADDRESS 65 SPRUCE STREET  
CITY-ST-ZIP ROSLYN NY 11576

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

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

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

TITLE C  DELETE  
NAME BRONSTHER, BURTON M.D.  
STREET ADDRESS 114 CEDAR AVE.  
CITY-ST-ZIP HEWLETT BAY PARK NY 11557

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2  Change  Addition

1.1 TITLE T  
1.2 NAME Scott Brinton  
1.3 STREET ADDRESS 379 Central Ave  
1.4 CITY-ST-ZIP Lawrence, NY 11559

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

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

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

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

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

14. 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 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature*

1/14/99

516-295-1991

CR2E037 (11/98)