

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 034 ****61.25

DOCUMENT # F93000003677

1. Entity Name

CHILDREN-SURGICAL AID INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

37 ST. PAUL'S PLACE
 HEMPSTEAD NY 11550
 US

37 ST. PAUL'S PLACE
 HEMPSTEAD NY 11550
 US

00071167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD Delete
 NAME BRONSTHER, JUDITH
 STREET ADDRESS 30 3 9TH ST
 CITY-ST-ZIP NEW YORK NY 10003

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Change Addition
 NAME *Ellyn Bronsther*
 STREET ADDRESS *37 ST. PAUL'S PLACE*
 CITY-ST-ZIP *Hempstead, NY 11550*

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

Change Addition
 NAME *Bronsther, Burton, M.D.*
 STREET ADDRESS *37 ST. PAUL'S PLACE*
 CITY-ST-ZIP *Hempstead, NY 11550*

12. 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 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 617, 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:

Ellen Bronsther **FILED**