FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003677 (2)

1. Corporation Name

SURGICAL AID TO CHILDREN OF THE WORLD, INC.

Principal Place of Business	Mailing Address
195 NORTH VILLAGE AVENUE ROCKVILLE CENTRE NY 11570	195 NORTH VILLAGE AVENUE ROCKVILLE CENTRE NY 11570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 01/25/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C D	1.1 TITLE	Treasurer/Acting D	☑ Change ☐ Addition
NAME	BRONSTER, BURTON MD	1.2 NAME	Andrew Seid	
STREET ADDRESS	195 NO. VILLAGE AVE	1.3 STREET ADDRESS	360 West 55 th Street	
CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570	1.4 CITY-ST-ZIP	NewYork, NY 10019	
TITLE	VC D	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHROCK, PETER MD	2.2 NAME		
STREET ADDRESS	SCHNEIDER CHILDREN'S HOSPITAL	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WOOLLEY, MORTON	3.2 NAME		
STREET ADDRESS	535 MEADOW GROVE ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	FLINTRIDGE CA 91011	3.4 CITY-ST-ZIP		
TITLE	P D	4.1 TITLE		☐ Change ☐ Addition
NAME	BIENER, CARL	4.2 NAME		
STREET ADDRESS	4970 W. RIVER DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	COMSTOCK PARK MI 49321	4.4 CITY-ST-ZIP		
TITLE	V D	5.1 TITLE		☐ Change ☐ Addition
NAME	BRONSTHER, ELLYN	5.2 NAME		
STREET ADDRESS	114 CEDAR AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HEWLETT BAY PARK NY 11557	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	FIFE, JOSEPH	6.2 NAME		
STREET ADDRESS	60 HERON ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	HEWLETT BAY PARK NY 11557	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: B. Lyn L. Bronsther 2/7/95 516-374-4118
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Ellyn Bronsther

0073404