

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**195 NORTH VILLAGE AVENUE  
ROCKVILLE CENTRE NY 11570**

Mailing Address

**195 NORTH VILLAGE AVENUE  
ROCKVILLE CENTRE NY 11570**

3. Date Incorporated or Qualified  
**08/12/1993**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$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  
6457 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

TITLE **TD** ☐ DELETE

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

TITLE **VCD** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **PD** ☐ DELETE

NAME **BIENER, CARL**  
STREET ADDRESS **4970 W. RIVER DR.**  
CITY-ST-ZIP **COMSTOCK PARK MI 48301**

TITLE **VD** ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*Chairman - C  
Burton Bronsther, MD  
195 North Village Ave  
Rockville Centre, NY 11570*

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)