

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90126 038 ****61.25

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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.

22 City & State

23 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 12 ☐ 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 #

CR2E037 (11/98)