

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P18068

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Current Principal Place of Business:

19 WEST 44TH STREET
SUITE 1418
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

19 WEST 44TH STREET
SUITE 1418
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 13-6100833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT
508 NE 195 ST.
PVT
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLUM, SAMUEL,
Address: 130 E. 67TH STREET
City-St-Zip: NEW YORK, NY 10021

Title: T () Delete
Name: GLUCK, A. STANLEY,
Address: 60 E. END AVENUE
City-St-Zip: NEW YORK, NY 10028

Title: D () Delete
Name: LANYARD, CATHY
Address: 10 WILSHIRE DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: BLUM, SAMUEL,
Address: 130 E. 67TH STREET
City-St-Zip: NEW YORK, NY 10021

Title: MR. (X) Change () Addition
Name: GLUCK, A. STANLEY,
Address: 60 E. END AVENUE
City-St-Zip: NEW YORK, NY 10028

Title: MS. (X) Change () Addition
Name: LANYARD, CATHY
Address: 10 WILSHIRE DRIVE
City-St-Zip: LIVINGSTON, NJ 07039

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY LANYARD, EXECUTIVE DIRECTOR

MS.

04/09/2002

Electronic Signature of Signing Officer or Director

Date