2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007
Secretary of State

DOCUMENT# P18068

Entity Name: AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Current Principal Place of Business:

51 EAST 42ND STREET
STE 308
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

51 EAST 42ND STREET
STE 308
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 13-6100833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEDMAN, BEVERLY
780 NE 199TH STREET
104
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: BM ( ) Delete
Name: BLUM, SAMUEL
Address: 130 E. 67TH STREET
City-St-Zip: NEW YORK, NY 10021

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

Title: ED ( ) Delete
Name: LANYARD, CATHY
Address: 389 E 89TH ST, APT 19A
City-St-Zip: NEW YORK, NY 101285228

Title: P ( ) Delete
Name: BROWN, MINETTE
Address: 861 SW 88TH TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: CE ( ) Delete
Name: BLUM, SIMONE
Address: 130 E 67TH ST
City-St-Zip: NEW YORK, NY 10021

Title: V ( ) Delete
Name: MATLUCK, LINDA P
Address: 233 E 69TH ST
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 DIR 06/21/2007

Electronic Signature of Signing Officer or Director — Date