## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18068

FILED Jul 07, 2008 Secretary of State

Entity Name: AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Surrent Pi	rincipal Place of Business:	New Princ	cipal Place of Business:	
	2ND STREET	14044 1 11110		
STE 308				
NEW YOR	K, NY 10017			
Current Mailing Address:		New Maili	New Mailing Address:	
51 EAST 42ND STREET STE 308			51 EAST 42ND STREET	
NEW YORK, NY 10017		308 NEW YOR	NEW YORK, NY 10017	
	•• • • • • • • • • • • • • • • • • • • •	FEI Number Not App	( )	
	ce with s. 607.193(2)(b), F.S., the corporation did not re Address of Current Registered Agent:		e. Address of New Registered Agent:	
FREEDMA	N, BEVERLY			
780 NE 199	9TH STREET			
# 104 MIAMI, FL	33179 US			
	named entity submits this statement for the pure of Florida.	pose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	BM () Delete BLUM, SAMUEL 130 E. 67TH STREET NEW YORK, NY 10021	Title: Name: Address: City-St-Zip:	V (X) Change () Addition LITTMAN, BARBARA 15 W 53RD ST #44BC NYC, NY 10019	
itle: lame: lddress: Dity-St-Zip:	BM ( ) Delete GLUCK, A. STANLEY 60 E. END AVENUE NEW YORK, NY 10028	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition SENTER, STEWART 94 WHEATLEY ROAD OLD WESTBURY, NY 11568	
Fitle: Name: Address: Dity-St-Zip:	ED ( ) Delete LANYARD, CATHY 389 E 89TH ST, APT 19A NEW YORK, NY 101285228	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: Dity-St-Zip:	P () Delete BROWN, MINETTE 861 SW 88TH TERRACE PLANTATION, FL 33324	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	CE ( ) Delete BLUM, SIMONE 130 E 67TH ST NEW YORK, NY 10021	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition GOLDBAUM, ARNOLD 150 E 69TH STREET NYC, NY 10021	
Fitle: Name: Address: City-St-Zip:	V () Delete MATLUCK, LINDA P 233 E 69TH ST NEW YORK, NY 10021	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition MENDELSON, JOAN 2 LEXINGTON AVENUE NYC, NY 10010	

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 ED 07/07/2008