2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT # P18068**

1. Entity Name

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.



FILED Jul 21, 2003 8:00 am Secretary of State 07-21-2003 90355 004 \*\*\*\*70.00

Principal	Place of	Business

19 WEST 44TH STREET **SUITE 1418** 

Mailing Address

19 WEST 44TH STREET

**SUITE 1418** 

NEW YORK N	Y 10036	NEW YORK NY 10036			BAL BRAN ARNA BURN IRIA BURN B	1816 81861 81861 818	)   <b>9  5</b>      <b>91</b>		
	Place of Business	3. Mailing Address	1/2						
Suite, Apt.	EAST 42MD STREET	5   FAST   Suite, Apt. #, etc.	42ND STREE						
	Suite 308	Suite 3	0		CHECK HERE IF MAKIN	IG CHANGES			
City & Star		City & State	<u>va                                     </u>	4. FEI Number 15	3-6100833	I IA	oplied For		
NE	WYOCK NY	NEW YORK	. NY		0 100000		ot Applicable		
Zip	Country	Zip	Country	5. Certificate of St.	atus Desired	\$8.75 Add	ditional		
100	/7	100/7	<u> </u>		<u> </u>	Fee Require	d		
Toward To	6. Name and Address of Currer	t Registered Agent		7. Name and Add	ress of New Registered	Agent			
144 / ED	BARENT.	Be	Name BENERLY FREEDMAN						
MILLER, ROBERT			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
508 NE 1	195 51.			/ - 00-			,		
PVT MÁMI EI	22170		L 78	ONE 1997	" STREET -	-#104	'		
MIAMI FL	. 331/9			IAMI	FI		779		
8. The above	named entity submits this statement	for the purpose of changing its	registered office or reg	istered agent, or both, in t	the State of Florida. I am	familiar with,			
the obligat	tions of registered agent.								
0.00.47.100	Klay le	Frudme	7		•				
SIGNATURE	Signature, typed or printed name of eastered ager	/	E: Registered Agent signature rec	quired when reinstating)	DATE	<del></del>			
		· · · · · · · · · · · · · · · · · · ·		•					
	FILE NOW: FEE IS \$61.25	9. Flection Ca	mpaign Financing	<b>65 00</b>	Make Che	k Davahla	••		
After September 10, 2003, min will be \$236.25  Trust Fund Con		· •	Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
10.	OFFICERS AND D	IDECTORS	11.	ADDITIONS (CLIANO)	ES TO OFFICERS AND D	IDEOTODO (N	110		
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CITY-ST-ZIP TITLE NAME	130 E. 67TH STREET NEW YORK NY 10021 MR. GLUCK, A. STANLEY 60 E. END AVENUE NEW-YORK-NY-10028	_ □ Delete	STREET ADDRESS CHY-ST-ZIP TITLE NAME		· 44 - 7 - 44 - 44 - 44 - 44 - 44				
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP