

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18068

**Entity Name:** AMERICAN FRIENDS OF ALYN HOSPITAL, INC.**Current Principal Place of Business:**122 EAST 42ND STREET  
STE 1519  
NEW YORK, NY 10168**Current Mailing Address:**122 EAST 42ND STREET  
STE 1519  
NEW YORK, NY 10168 US**FEI Number:** 13-6100833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREEDMAN, BEVERLY  
780 NE 199TH STREET  
# 104  
MIAMI, FL 33179 US*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**Officer/Director Detail :**

Title	ED
Name	AVIV, MAAYAN
Address	122 E 42ND STREET SUITE 1519
City-State-Zip:	NY NY 10168

Title	PRESIDENT
Name	SUTTON, ISAAC
Address	1576 E 5TH STREET
City-State-Zip:	BROOKLYN NY 11230

Title	TREASURER
Name	TARICA, DAVID
Address	145 GOLF VIEW DRIVE
City-State-Zip:	JERICO NY 11753

Title	P
Name	BROWN, MINETTE
Address	861 SW 88TH TERRACE
City-State-Zip:	PLANTATION FL 33324

Title	VP
Name	HAUSMAN, JONATHAN
Address	123 HOLLYTREE ROAD
City-State-Zip:	STOUGHTON MA 02012

Title	SECRETARY
Name	BLYE, JOANNE
Address	17 WOODLAND PL
City-State-Zip:	GREAT NECK NY 11021

*I hereby 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 all other like empowered.*

**SIGNATURE:** MAAYAN AVIV

CPA

07/23/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date