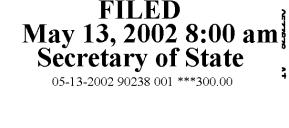
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000091306 May 1.

1. Entity Name

ALIGNISONE OF FLORIDA, INC.

Principal Place of Business 100 MATSONFORD RD BLDG 3 SUIT 445-RADNER PA 19087 US Mailing Address

100 MATSONFORD RD BLDG 3 SUIT 445 RADNER PA 19087



RADNER PA 19087 US			radner pa 190 US	RADNER PA 19087 US							
2. Principal Place of Business			3. Mailing Addre	3. Mailing Address				f Dolfi Deilo i	#1#1 (# 10		
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			4. FEI Number 58-2271576			Applied For Not Applicable	
Zip Country			Zip	Zip Country		5.	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
		and Address of Currer				7.	Name and Address of New Re	gistered A	gent		
والمتلكة والتواوية					= Name						5-
	Karen a e Th gadsen			Street Address			(P.O. Box Number is Not Acceptable)				
SUITE 20	n										
	SSEE FL 32	301			City			FL	Zip Code	e	
8. The above	named entity	submits this statement	for the purpose of cha	naina its reaister	red office or reai	stered ad	gent, or both, in the State of Flor	ida.			
				ng ng na ragiala			,,,				
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Register	ed Agent s gnature req	uired when re	einstating)	DATE			
				NOW!!! FEE	10 6450 00						
Tax filing i	_	ble to satisfy its Intangib and elects to do so.	After Ma	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of S			ate 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees				
11.	· · · ·	OFFICERS AN	D DIRECTORS	12.	•	AC	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11	
TITLE . F	D		□ De	lete TITL	LE				☐ Change	Addition	2
NAME WILLIAMS, JACK				NAN	NAME						Š
STREET ADDRESS 100 MATSON FORD RD BLDG S			STE #445		REET ADDRESS						Š
CITY-ST-ZIP	RADNOR	PA 19087		cin	Y-ST-ZIP						Š
TITLE .	T		□ De	lete TITL	LE				☐ Change	☐ Addition	Č
NAME		ALFRED P		NAM							
STREET ADDRESS 100 MATSONFORD RD BLDG 5 STE.,#445 CITY-ST-ZIP RADNOR PA 19087					REET ADDRESS						
CITY-ST-ZIP	KAUNUK	PA 1908/			Y-ST-ZIP		<u> </u>				
TITLE ~		·	De						☐ Change [*]	Addition	
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NAME				NAM	ı						
STREET ADDRESS				STR	EET ADDRESS						

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-CFu

4-22-02

611-688-3700

Daytime Phone #

:R2E034 (9/01)