

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90315 047 ***150.00

DOCUMENT # P96000091306

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
US**

2. Principal Place of Business

610 W GERMANTOWN PK

3. Mailing Address

610 N GERMANTOWN PK

Suite, Apt. #, etc.

SUITE 121

Suite, Apt. #, etc.

SUITE 121

City & State

PLYMOUTH MEETING, PA

City & State

PLYMOUTH MEETING PA

Zip

19462

Country

USA

Zip

19462

Country

USA

4. FEI Number **58-2271576**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUTNAL, KAREN A ESQ.
118 NORTH GADSEN ST.
SUITE 200
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILLIAMS, JACK**
STREET ADDRESS **100 MATSON FORD RD BLDG STE #445**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **T** ☐ Delete
NAME **SALVITI, ALFRED P**
STREET ADDRESS **100 MATSONFORD RD BLDG 5 STE.,#445**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 607, 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.

SIGNATURE:

ALFRED P SALVITI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03
Date

610-941-4400
Daytime Phone #

CR2E034 (10/02)