

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001706

Entity Name: ALS OF NORTH CAROLINA, INC.**Current Principal Place of Business:**708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090**Current Mailing Address:**708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090**FEI Number: 56-1482029****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SECRETARY TREASURER
Name DWYER, JOSEPH P
Address 108 ELK COURT
City-State-Zip: BLUE BELL PA 19422

Title VP
Name HARDIMAN, JAMES R
Address 11959 NATURES TRAIL
City-State-Zip: JACKSONVILLE FL 32258

Title PD
Name ASPLUNDH, STEVEN G
Address 2100 BUTTONWOOD LANE
City-State-Zip: HUNTINGDON VALLEY PA 19006

Title D
Name ASPLUNDH, BRENT D
Address 1356 MEADOWBROOK ROAD
City-State-Zip: RYDAL PA 19046

Title TAX
Name SIMPSON, RONALD
Address 1760 LUDWELL DRIVE
City-State-Zip: MAPLE GLEN PA 19002

Title D
Name ASPLUNDH, SCOTT M
Address 1591 HAMPTON ROAD
City-State-Zip: MEADOWBROOK PA 19046

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD SIMPSON**ASSISTANT TREASURER 04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date