

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # F97000001706

1. Entity Name
ALS OF NORTH CAROLINA, INC.



Principal Place of Business
708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090

Mailing Address
708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1482029

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

000000011425
01/23/04-80036-018 150.00

TITLE	ST
NAME	DWYER, JOSEPH P
STREET ADDRESS	419 SHOEMAKER WAY
CITY-ST-ZIP	LANSDALE, PA 19446
TITLE	P
NAME	ASPLUNDH, BRENT D
STREET ADDRESS	1356 MEADOWBROOK ROAD
CITY-ST-ZIP	RYPAL, PA 19046
TITLE	VP
NAME	HARDIMAN, JAMES R
STREET ADDRESS	7015 GREENFERN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. DWYER

Date

Daytime Phone #

01/20/04