

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001706

FILED
Apr 25, 2006
Secretary of State

Entity Name: ALS OF NORTH CAROLINA, INC.

Current Principal Place of Business:

708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090

New Principal Place of Business:

Current Mailing Address:

708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090

New Mailing Address:

FEI Number: 56-1482029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DWYER, JOSEPH P
Address: 419 SHOEMAKER WAY
City-St-Zip: LANSDALE, PA 19446

Title: PD () Delete
Name: ASPLUNDH, BRENT D
Address: 1356 MEADOWBROOK ROAD
City-St-Zip: RYPAL, PA 19046

Title: VP () Delete
Name: HARDIMAN, JAMES R
Address: 7015 GREENFERN RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT () Change (X) Addition
Name: KOSYLA, GERALD
Address: 204 CAMBRIDGE LANE
City-St-Zip: NEWTOWN, PA 18940 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD KOSYLA

AT

04/25/2006

Electronic Signature of Signing Officer or Director

Date