2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# F97000001706

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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: PD
Name: GRAHAM, GEORGE E JR
Address: 1820 VALLEY ROAD
City-St-Zip: MEADOWBROOK, PA 19046

Title: D
Name: ASPLUNDH, SCOTT M
Address: 1591 HAMPTON ROAD
City-St-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 TAX 04/23/2012

Electronic Signature of Signing Officer or Director Date