

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091306

1. Entity Name

ALIGNISONE OF FLORIDA, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90210 020 ***150.00

Principal Place of Business

100 GALLERIA PKWY
SUITE 1125
ATLANTA GA 30339
US

Mailing Address

100 GALLERIA PKWY
SUITE 1125
ATLANTA GA 30339
US

2. Principal Place of Business

100 MATSON FORD RD

3. Mailing Address

100 MATSON FORD RD

Suite, Apt. #, etc.

BLDG 5, SUITE 445

Suite, Apt. #, etc.

BLDG 5 SUITE 445

City & State

RADNOR, PA

City & State

RADNOR PA

Zip

19087

Country

US

Zip

19087

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WILLIAMS, JACK
STREET ADDRESS 100 GALLERIA PKWY, STE 1125
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 100 MATSON FORD RD BLDG 5, STE 445
CITY-ST-ZIP RADNOR PA 19087

TITLE T ☒ Delete
NAME FROISTAD, ERIC J
STREET ADDRESS 100 GALLERIA PKWY STE 1125
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
NAME ALFRED P. SALVITTI
STREET ADDRESS 100 MATSON FORD RD, BLDG 5, STE 445
CITY-ST-ZIP RADNOR, PA 19087

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 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

ALFRED SALVITTI CFO

Date

4-25-01

Daytime Phone #

610-688-3707

CR2E034 (10/00)