2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90315 047 ***150.00

DOCUMENT # P96000091306

1. Entity Name
ALIGNISONE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
100 MATSONFORD RD BLDG 3 SUIT 445 RADNER PA 19087 US	100 MATSONFORD RD BLDG 3 SUIT 445 RADNER PA 19087 US

2. Principal Place of Business	3. Mailing Address
610 W GERMANTOWN PK	610 W GERMANTOWN PK
Suite, Apt. #, etc.: SUITE 121	Suite, Apt. #, etc.: SUITE 121
City & State: PLYMOUTH MEETING, PA	City & State: PLYMOUTH MEETING PA
Zip: 19462 Country: USA	Zip: 19462 Country: USA

☑ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JACK 100 MATSON FORD RD BLDG STE #445 RADNOR PA 19087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALVITTI, ALFRED P 100 MATSONFORD RD BLDG 5 STE.,#445 RADNOR PA 19087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED P.D SALVITTI 1/16/03 610-941-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #