## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 333374

UHS OF MANATEE, INC.

UNO UNIVIANATEE, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90175 013 \*\*\*150.00



Principal Place	of Business	Mailing Address						
367 S. GULPH 1	ROAD	367 S. GULPH ROAD						
P.O. BOX 61558		P.O. BOX 61558				DO NOT WRITE IN THIS SPACE		
	SIA PA 19406-0958		KING OF PRUSSIA PA 19406-0958			3. Date Incorporated or Qualifed		
US		US				,		
	·					08/05/1968	ind For	
Principal Place of Business     2a. Mailing Address						***	ied For	
21	26				00 0507001	Applicable		
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certificate of Status Desired			
22 27						5. Certificate of Status Desired  Fee Requ	lirea	
City & State	e	City & State	City & State			6. Election Campaign Financing 55.00 M	- 1	
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		Cou	Country		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent	•			10. Name and Address of New Registered Agent		
ĺ				81	Name			
CT CORPORATION SYSTEM					<u> </u>	(C.C. D. Al. sharis Net Assessable)		
1200 S. PINE ISLAND ROAD				82	Street Ac	Idress (P.O. Box Number is Not Acceptable)	ŀ	
PLAN			83					
, ,	(1)(110)(1) 2 00021							
				84	City	85 Zip Co	de	
	·					FL "		
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	utes, the a	bove	-named co	orporation submits this statement for the purpose of changing its re	egistered	
office;or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of Section 607.0505, F	lorida Stat	u by i	ile corpora	ation's board of directors. I hereby accept the appointment as regi	}	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TÉ: Registered	d Agent	signature requ	uired when reinstating) DATE		
				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	PD	DELETE 1.1 TO		ITLE	-T	☐ Change	☐ Addition	
NAME	MILLER, ALAN	IAN		12 NAME				
	0 011 DI DD		139	1.3 STREET ADDRESS				
STREET ADDRESS	WHO OF BRUSOLE DA							
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition	
TITLE	טזין –					,		
NAME	GORMAN, KIRK E.		2.2 N	2.2 NAME			j	
STREET ADDRESS	s 367 S GULPH RD		2.3 S	2.3 STREET ADDRESS				
CITY-ST-ZIP	KING PRUSSIA PA		2.40	2. 4 CITY-ST-ZIP				
TITLE	S DELETE		13.1 T	3.1 TITLE		- Change	☐ Addition	
NAME	GILBERT, BRUCE R.		3.2 N	3.2 NAME				
STREET ADDRESS	Land Administration		3.3 S	3.3 STREET ADDRESS			]	
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE	D DELETE			4.1 TITLE		☐ Change	Addition	
)	<del></del>		1	4.2 NAME			İ	
NAME	FILTON, STEVE		1		******		}	
STREET ADDRESS	307 C. GOLF IT IND.			4.3 STREET ADDRESS				
CITY-ST-ZIP	KING OF PRUSSIA PA			TY-ST	-ZIP		Addition	
TITLE	<b>V</b> .	DELETE 5.1T				☐ Change	Addition	
NAME	SERVAIS, MICHAEL G			IAME			J	
STREET ADDRESS	367 S GULPH ROAD		5.3 S	TREET	ADDRESS		Ì	
CITY-ST-ZIP	KING OF PRUSSIA PA		5.4 C	TY-ST	-ZIP			
TITLE		DELETE	6.1 T	mæ	-	☐ Change	☐ Addition	
NAME			6.2 N	IAME				
			6.3 S	TREET	ADDRESS		,	
STREET ADDRESS				TY-ST				
City-St-ZiP			0.40	411-21	-4IF			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE REQUIRED SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE, R. GILDERT, SOCRETARY

1/99 (6/0) 768-330