

2002 UNIFORM BUSINESS REPORT (UBR)

UC, BR, 3 A1

DOCUMENT # 333374

1. Entity Name
UHS OF MANATEE, INC.

FILED

02 JAN 16 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 367 S. GULPH ROAD P.O. BOX 61558 KING OF PRUSSIA PA 19406-0958 US	Mailing Address 367 S. GULPH ROAD P.O. BOX 61558 KING OF PRUSSIA PA 19406-0958 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0294031

Applied For
 Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	MILLER, ALAN	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORMAN, KIRK E.	
STREET ADDRESS	367 S GULPH RD	
CITY-ST-ZIP	KING PRUSSIA PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILBERT, BRUCE R.	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILTON, STEVE	
STREET ADDRESS	367 S. GULPH RD.	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENDER, THOMAS J	
STREET ADDRESS	367 S GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004881265--0	
STREET ADDRESS	-02/05/02--01082--001	
CITY-ST-ZIP	***1200.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	French, O. Edwin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1173	
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: Bruce R. Gilbert 1/8/02 607-768-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)