004 FOR PROFIT CORPORATION ANNUAL REPORT

UMENT # 333374 UHS OF MANATEE, INC.



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CECDETALLY OF CTATE

Principal Place of Business Mailing Address 367 S. GULPH ROAD 367 S. GULPH ROAD	
367 S CHI PH POAD 367 S CHI PH POAD	TALLAHASSEE, FLORIDA
P.O. BOX 61558 KING OF PRUSSIA, PA 19406-0958 US KING OF PRUSSIA, PA 19406-0958 US	BIST BIBH BIBK BIBK BIBK BIBK BIBK BIBK
2. Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-P	CR2E034 (10/03)
City & State 4. FEI Number 59-0294031 59-0294031	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired	d S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New	w Registered Agent
Name	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Street Address (P.O. Box Number is Not Accepted Address) PLANTATION, FL 33324	able)
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 the obligations of registered agent.	Florida. I am familiar with, and accept
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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
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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 regeiver 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:

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR