



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # 333374 1. Entity Name UHS OF MANATEE, INC.	
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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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**DO NOT WRITE IN THIS SPACE**

FILED  
05 JAN 18 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0294031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALAN 367 S. GULPH RD. KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT, BRUCE R. 367 S. GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FILTON, STEVE 367 S. GULPH RD. KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRENCH, O. EDWIN 367 S GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800045553168  
01/28/05--01011--024 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

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: Alan Miller Bruce R. Gilbert 1/4/05 6107683300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #