2003河OR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

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DOCUM 1. Entity Name UHS OF M	IENT # 33337 ANATEE, INC.	' 4		FILED (SECRETARY OF STATE (DIVISION OF CORPORATIONS 103 JAN 15 : PM : 3: 52	
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			
2. Principal Place of Business 3. Mailing Addre		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-0294031 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	a November of Current	t Pegistered Agent		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent			Name		
CT CORPORATION SYSTEM			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
1200 S. PINE ISLAND ROAD					
PLANTATION FL 33324			City	City FL Zip Code	
8. The above r	named entity submits this statement ons of registered agent.	for the purpose of changing its re-	gistered office or registe	ered agent, or both, in the State of 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Poughle to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	PD MILLER, ALAN 367 S. GULPH RD.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	— Change — Addition (900012311349 02/11/0301039017 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORMAN, KIRK E. 367 S GULPH RD KING PRUSSIA PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT, BRUCE R. 367 S. GULPH ROAD KING OF PRUSSIA PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILTON, STEVE 367 S. GULPH RD. KING OF PRUSSIA PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRENCH, O. EDWIN 367 S GULPH ROAD KING OF PRUSSIA PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this report or supplier ental 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: