

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007093

FILED
Jun 23, 2009
Secretary of State

Entity Name: UNIVERSAL HEALTH SERVICES FOUNDATION INC.

Current Principal Place of Business:

367 SOUTH GULPH ROAD
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

367 SOUTH GULPH ROAD
KING OF PRUSSIA, PA 19406

New Mailing Address:

FEI Number: 20-3396995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MILLER, ALAN B
Address: 367 SOUTH GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: DVP () Delete
Name: FILTON, STEVE
Address: 367 SOUTH GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S () Delete
Name: BRUNNER, GEORGE JR
Address: 367 SOUTH GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: T () Delete
Name: RAMAGANO, CHERYL K
Address: 367 SOUTH GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE H. BRUNNER, JR.

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06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date