

F13000001232

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000060892 3)))



H130000608923ABC\$

FILED  
13 MAR 15 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850)617-6381

Please retain original filing date of submission 3/15

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAD00000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2013 MAR 19 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
UHS of Fairmount, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

ATTN: Diane Cushing

Electronic Filing Menu Corporate Filing Menu Help

MRCB  
3/20/13

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** UHS of Fairmount, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Holly Lagler

Name of Person

UHS of Fairmount, Inc.

Firm/Company

367 S. Gulph Road

Address

King of Prussia, PA 19406

City/State and Zip code

Holly.Lagler@uhsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Lagler

at (610) 768-3300

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. UHS of Fairmount, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 23-3044432

(FBI number, if applicable)

4. 6/2/2000

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 367 S. Gulph Road, King of Prussia, PA 19406

(Principal office address)

367 S. Gulph Road, King of Prussia, PA 19406

(Current mailing address)

8. Own and Operate Fairmount Behavioral Health System

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

CT Corporation System

By: *William Owens*

(Registered agent's signature)

WILLIAM OWENS

Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
13 MAR 15 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

13 MAR 15 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Debra K. Osteen  
Address: 367 S. Gulph Road  
King of Prussia, PA 19406

Vice Chairman: Steve Filton  
Address: 367 S. Gulph Road  
King of Prussia, PA 19406

Director: Debra K. Osteen  
Address: 367 S. Gulph Road  
King of Prussia, PA 19406

Director: Steve Filton  
Address: 367 S. Gulph Road  
King of Prussia, PA 19406

B. OFFICERS

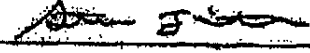
President: Debra K. Osteen  
Address: 367 S. Gulph Road  
King of Prussia, PA 19406

Vice President: Steve Filton  
Address: 367 S. Gulph Road  
King of Prussia, PA 19406

Secretary: George H. Brunner, Jr.  
Address: 367 S. Gulph Road, King of Prussia, PA 19406

Treasurer: Cheryl K. Ramagano  
Address: 367 S. Gulph Road, King of Prussia, PA 19406

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Steve Filton, Director and Vice President  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

FILED

PAGE 1

13 MAR 15 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UHS OF FAIRMOUNT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3238110 8300

130319805

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0287292

DATE: 03-15-13