

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H75517 (3)**

**1. Corporation Name: UHS OF PLANTATION, INC.**



**Principal Place of Business: 367 SOUTH GULPH ROAD KING OF PRUSSIA PA 19406 US**  
**Mailing Address: 367 SOUTH GULPH ROAD KING OF PRUSSIA PA 19406-2832 US**

**3. Date Incorporated or Qualified: 09/11/1985**  
**3a. Date of Last Report: 03/26/1996**

**2. Principal Place of Business: 367 S. Gulph RD**  
**2a. Mailing Address: 367 S. Gulph RD**

**4. FEI Number: 23-2366551**  
Applied For:  Not Applicable

**22. Suite, Apt. #, etc.: P.O. Box 61558**  
**27. Suite, Apt. #, etc.: P.O. Box 61558**

**5. Certificate of Status Desired:**  **\$8.75 Additional Fee Required**

**23. City & State: King of Prussia PA**  
**28. City & State: King of Prussia PA**

**6. Election Campaign Financing Trust Fund Contribution:**  **\$5.00 May Be Added to Fees**

**24. Zip: 19406-0958 Country: USA**  
**29. Zip: 19406-0958 Country: USA**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**81. Name:**  
**82. Street Address (P.O. Box Number is Not Acceptable):**  
**83. City:**  
**84. City:** **FL** **85. Zip Code:**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE:** (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN B.	
STREET ADDRESS	367 SOUTH GULPH RD.	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILBERT, BRUCE R.	
STREET ADDRESS	367 S. GULPH RD.	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GORMAN, KIRK E	
STREET ADDRESS	367 SO GULPH RD	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FILTON, STEVE	
STREET ADDRESS	367 SO GULPH RD	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

**14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Bruce R. Gilbert* **Bruce R. Gilbert, Secretary** **3/11/97** **(610)768-3300**

CR2E034 (9/96)