

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

**DOCUMENT # H75517 (3)**  
 1. Corporation Name  
**UHS OF PLANTATION, INC.**



Principal Place of Business      Mailing Address  
**367 S GULPH RD**      **367 S GULPH RD**  
**PO BOX 61558**      **PO BOX 61558**  
**KING OF PRUSSIA PA 19406-0958**      **KING OF PRUSSIA PA 19406-0958**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
 22 City & State      27 City & State  
 23 Zip      28 Zip      25 Country      29 Zip      30 Country

3. Date Incorporated or Qualified  
**09/11/1985**  
 4. FEI Number      Applied For  
**23-2366551**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.       Yes       No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 Zip Code  
**FL**

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	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, ALAN B.</b>
STREET ADDRESS	<b>367 SOUTH GULPH RD.</b>
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GILBERT, BRUCE R.</b>
STREET ADDRESS	<b>367 S. GULPH RD.</b>
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>GORMAN, KIRK E</b>
STREET ADDRESS	<b>367 SO GULPH RD</b>
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>FILTON, STEVE</b>
STREET ADDRESS	<b>367 SO GULPH RD</b>
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>
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 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*      **SECRETARY**      (610)768-3300

CR2E034 (10/97)