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(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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04/28/17--01029--014 **35.00



spor



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: April 26, 2017

Order#: 604553-012

Re: UNIVERSAL HEALTH SERVICES FOUNDATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0302, 617.3 ange is submitted for a corporation or	ganized under the laws of the State	of PA
	er to change its registered office or reg	•	of Florida.
1. The name of	the corporation: UNIVERSAL HEALT office address: 367 South Gulph Roa	Id, King of Prussia, PA 19406	200 m
2. The principa	Toffice address:		- <u>[</u> [4]
3. The mailing	address (if different):		. مع: "
4 Date of incor	poration/qualification: 12/06/2005	Document number: F0500	00007093 7 7
5. The name an	d street address of the current registere artment of State: (If resigned, enter resigned)	ed agent and registered office on file	
	C T Corporation System		F 35
	1200 South Pine Island Road		37 RID
	Plantation	FL 33324	
6. The name an (if changed):	d street address of the new registered a	agent (if changed) and /or registered	office
	Corporation Service Company		
	1201 Hays Street		
		NOT acceptable	
	Tallahassee	FL 32301	_
The street addr	ess of its registered office and the stro l be identical.	eet address of the business office o	f its registered agent,
Such change w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	neted by its board of directors or by a notified in writing of the change.	an officer so
Xie	e & agnie	Jill Cilmi	Vice President
I hereby accept I further agree performance of agent. Or, if the hereby confirm	ure of an officer of director If the appointment as registered agent to comply with the provisions of all s If my duties, and I am familiar with an a distribution is being filed merely to r Ithat the corporation has been notifie on Service Company	tatutes relative to the proper and c d accept the obligation of my posit eflect a change in the registered of	omplete ion as registered
By: X)	r. Z-Kubi.	04/26/2017	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	, Asst. Vice President		
7	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *