

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000000429

1. Entity Name
UHS CHILDREN SERVICES, INC.



Principal Place of Business
367 S GULPH RD
KING OF PRUSSIA, PA 19406

Mailing Address
367 S GULPH RD
KING OF PRUSSIA, PA 19406



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3577381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, ALAN B
STREET ADDRESS	367 S GULPH RD
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406

TITLE	DV
NAME	FILTON, STEVE
STREET ADDRESS	367 S GULPH RD
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406

TITLE	S
NAME	GILBERT, BRUCE R
STREET ADDRESS	367 S GULPH RD
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406

TITLE	T
NAME	RAMAGANO, CHERYL K
STREET ADDRESS	367 S GULPH RD
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000600369
01/26/07-80005-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #