

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000429

FILED  
Feb 02, 2010  
Secretary of State

**Entity Name:** UHS CHILDREN SERVICES, INC.

**Current Principal Place of Business:**

367 S GULPH RD  
KING OF PRUSSIA, PA 19406 US

**New Principal Place of Business:**

**Current Mailing Address:**

367 S GULPH RD  
KING OF PRUSSIA, PA 19406 US

**New Mailing Address:**

**FEI Number:** 20-3577381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MILLER, ALAN B  
**Address:** 367 S GULPH RD  
**City-St-Zip:** KING OF PRUSSIA, PA 19406 US

**Title:** D  
**Name:** FILTON, STEVE  
**Address:** 367 S GULPH RD  
**City-St-Zip:** KING OF PRUSSIA, PA 19406 US

**Title:** S  
**Name:** BRUNNER, GEORGE H JR  
**Address:** 367 S GULPH RD  
**City-St-Zip:** KING OF PRUSSIA, PA 19406 US

**Title:** T  
**Name:** RAMAGANO, CHERYL K  
**Address:** 367 S GULPH RD  
**City-St-Zip:** KING OF PRUSSIA, PA 19406 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GEORGE H. BRUNNER, JR.

S

02/02/2010

Electronic Signature of Signing Officer or Director

Date