

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:21

DOCUMENT # H31898 (0)

1. Corporation Name
UHS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**% C T CORPORATION SYSTEM
367 SOUTH GULPH RD.
KING OF PRUSSIA PA 19406**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/28/1984 04/22/1994

2. Principal Place of Business 2a. Mailing Address
21 367 South Gulph Road 26 367 South Gulph Road
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
23-2324804 Not Applicable

22 27
City & State City & State
23 King of Prussia, PA 28 King of Prussia, PA

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

24 25 29 30
Zip Country Zip Country
19406 U.S.A. 19406 U.S.A.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, ALAN B.
STREET ADDRESS	367 S GULPH RD.
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	TD
NAME	GORMAN, KIRK E.
STREET ADDRESS	367 S GULPH RD.
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	S
NAME	GILBERT, BRUCE R.
STREET ADDRESS	367 S. GULPH RD.
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	VD
NAME	FILTON, STEVE
STREET ADDRESS	367 S. GULPH RD.
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registrar 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 as an attachment with an address.

SIGNATURE: *Bruce R. Gilbert* **Bruce R. Gilbert, Secretary 4/7/95 (610)768-3300**
Signature and typed or printed name of signing officer or director