
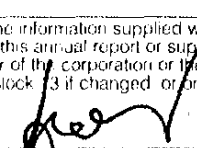


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>H31898</b> (0)					
1. Corporation Name <b>UHS OF FLORIDA, INC.</b>					
Principal Place of Business <b>% C T CORPORATION SYSTEM 367 SOUTH GULPH RD. KING OF PRUSSIA PA 19406 US</b>			Mailing Address <b>% C T CORPORATION SYSTEM 367 SOUTH GULPH RD. KING OF PRUSSIA PA 19406-2832</b>		
2. Principal Place of Business 21 <b>367 S. Gulph Rd</b>		2a. Mailing Address 26 <b>367 S. Gulph Rd</b>		3. Date Incorporated or Qualified <b>11/28/1984</b>	
Suite, Apt. #, etc. 22 <b>P.O. Box 61558</b>		Suite, Apt. #, etc. 27 <b>P.O. Box 61558</b>		3a. Date of Last Report <b>03/26/1996</b>	
City & State 23 <b>King of Prussia PA</b>		City & State 28 <b>King of Prussia PA</b>		4. FEI Number <b>23-2324804</b>	
Zip 24 <b>19406-0958</b>		Country 25 <b>USA</b>		Applied For Not Applicable	
Zip 29 <b>19406-0958</b>		Country 30 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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.				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DP MILLER, ALAN B.</b>				1.2 NAME	
STREET ADDRESS <b>367 S GULPH RD.</b>				1.3 STREET ADDRESS	
CITY-ST-ZIP <b>KING OF PRUSSIA PA</b>				1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>TD GORMAN, KIRK E.</b>				2.2 NAME	
STREET ADDRESS <b>367 S GULPH RD.</b>				2.3 STREET ADDRESS	
CITY-ST-ZIP <b>KING OF PRUSSIA PA</b>				2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>S GILBERT, BRUCE R.</b>				3.2 NAME	
STREET ADDRESS <b>367 S. GULPH RD.</b>				3.3 STREET ADDRESS	
CITY-ST-ZIP <b>KING OF PRUSSIA PA</b>				3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>VD FILTON, STEVE</b>				4.2 NAME	
STREET ADDRESS <b>367 S. GULPH RD.</b>				4.3 STREET ADDRESS	
CITY-ST-ZIP <b>KING OF PRUSSIA PA</b>				4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	
14. I do 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 contained 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:  <b>Bruce R. Gilbert, Secretary</b> 3/11/97 (610)768-3300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)