

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31898

1. Entity Name

UHS OF FLORIDA, INC.

FILED

00 JAN 14 AM 10:52

Principal Place of Business

Mailing Address

367 S GULPH ROAD
PO BOX 61558
KING OF PRUSSIA PA 19406-0958
US

367 S GULPH ROAD
PO BOX 61558
KING OF PRUSSIA PA 19406-0958
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-2324804

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003128892-9
-02/09/00-01015-013
****150.00 ****150.00 ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GORMAN, KIRK E.
367 S GULPH RD.
KING OF PRUSSIA PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FILTON, STEVE
367 S. GULPH RD.
KING OF PRUSSIA PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce R Gilbert 1/5/2000 610-788-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #