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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 # H75517 (3)

1. Corporation Name

UHS OF PLANTATION, INC.



Principal Place of Business

367 SOUTH GULPH ROAD
KING OF PRUSSIA PA 19406
US

Mailing Address

367 SOUTH GULPH ROAD
KING OF PRUSSIA PA 19406-2832
US

3. Date Incorporated or Qualified

09/11/1985

3a. Date of Last Report

03/26/1996

4. FEI Number

23-2386551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

367 S. Gulph RD

2a. Mailing Address

367 S. Gulph RD

Suite, Apt. #, etc.

P.O. Box 61558

Suite, Apt. #, etc.

P.O. Box 61558

City & State

King of Prussia PA

City & State

King of Prussia PA

Zip

19406-0958

Country

USA

Zip

19406-0958

Country

USA

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

FL

85 Zip Code

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 of the registered agent or the corporation's officer or director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MILLER, ALAN B.
STREET ADDRESS
367 SOUTH GULPH RD.
CITY-STATE-ZIP
KING OF PRUSSIA PA

TITLE ☐ DELETE

NAME
S
GILBERT, BRUCE R.
STREET ADDRESS
367 S. GULPH RD.
CITY-STATE-ZIP
KING OF PRUSSIA PA

TITLE ☐ DELETE

NAME
TD
GORMAN, KIRK E
STREET ADDRESS
367 SO GULPH RD
CITY-STATE-ZIP
KING OF PRUSSIA PA

TITLE ☐ DELETE

NAME
VD
FILTON, STEVE
STREET ADDRESS
367 SO GULPH RD
CITY-STATE-ZIP
KING OF PRUSSIA PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 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 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce R. Gilbert, Secretary

Date

3/11/97

Daytime Phone #

(610)768-3300

CR2E034 (9/96)