2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100000923 1. Entity Name UHS OF BRADENTON, INC.						dus Al
Principal Place of Business 367 S. GULPH RD. KING OF PRUSSIA PA 19406		Mailing Address 367 S. GULPH RD. KING OF PRUSSIA PA 19406			FILED 02 JAN 16 PH 6: 27 SECRETARY OF STATE 144444444444444444444444444444444444	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4	4. FEI Number Applied For Not Applied For Not Applicable	
Zip Country		Zip 	Count		5. Certificate of Status Desired \$8.75 Additional Fee Required	
0 T 00D	6. Name and Address of Current F	legistered Agent		Name	7. Name and Address of New Registered Ageπt	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.C	D. Box Number is Not Acceptable)	
PLANTAT	10N FL 33324		•	City	FL Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing its	s registere	ed office or registered		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	FE: Registered	Agent signature required wh	en 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!!! After May 1, 2002 Make Check Payable			002 Fee v	will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / P MILLER, ALAN B 367 S. GULPH RD. KING OF PRUSSIA PA 19406	☐ Delete			Change Addition	72E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T GORMAN, KIRK E 367 S. GULPH RD. KING OF PRUSSIA PA 19406	☐ Delete			Change Change Addition 5000048812551 -02/05/0201082001	ឌ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D /S GILBERT, BRUCE R 367 S. GULPH RD. KING OF PRUSSIA PA 19406	☐ Delete			***1200.00	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Urbach, Michael 3675. Bulph Rd. King of Prussia PA 1	□ Delete 9406			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		i	☐ Change ☐ Addition	
indicated	on this report or supplemental report is:	rue and accurate and that i	my signati	ure shall have the sar	on 119.07(3)(i), Florida Statutes. Sturther certify that the information ne legal effect as if made under of the legal effect as if legal effect as it is legal effect.	
SIGNAT		INTED NAME OF SIGNING OFFICER	OR DIRECT	DRUGER. M	11 62 1802 610.768.3300 Date Dayline Phone #	