

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000000923

1. Entity Name
UHS OF BRADENTON, INC.



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

05 JAN 18 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
23-3066947

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MILLER, ALAN B
367 S. GULPH RD.
KING OF PRUSSIA, PA 19406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GILBERT, BRUCE R
367 S. GULPH RD.
KING OF PRUSSIA, PA 19406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
URBACH, MICHAEL
367 S. GULPH RD.
KING OF PRUSSIA, PA 19406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FILTON, STEVE
367 S. GULPH RD.
KING OF PRUSSIA, PA 19406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200045553122
01/28/05-01011--022 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #