2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P0100000923 **DOCUMENT #** "FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name UHS OF BRADENTON, INC. 03 JAN 15 PM 3:48 Principal Place of Business Mailing Address 367 S. GULPH RD. 367 S. GULPH RD. KING OF PRUSSIA PA 19406 KING OF PRUSSIA PA 19406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 23-3066947 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. 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, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE 6000123187**1**Epange MILLER, ALAN B NAME NAME 02/11/03--01070--019 STREET ADDRESS 367 S. GULPH RD. STREET ADDRESS CITY-ST-ZIP KING OF PRUSSIA PA 19406 CITY-ST-7IP TITLE DT Delete TITLE ☐ Change Addition NAME GORMAN, KIRK E NAME STREET ADDRESS 367 S. GULPH RD. STREET ADDRESS CITY-ST-ZIP KING OF PRUSSIA PA 19406 CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change ☐ Addition NAME GILBERT, BRUCE R NAME STREET ADDRESS 367 S. GULPH RD. STREET ADDRESS CITY-ST-7IP KING OF PRUSSIA PA 19406 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition URBACH, MICHAEL NAME NAME STREET ADDRESS 367 S. GULPH RD. STREET ADDRESS CITY-ST-ZIP KING OF PRUSSIA PA 19406 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **C** Addition NAME 15 Julph Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 grustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

in address, with all other like empowered