

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102814

1. Entity Name
UHS OF LAKEWOOD RANCH, INC.



Principal Place of Business
367 S GULPH RD
KING OF RUSSIA, PA 19406

Mailing Address
367 S GULPH RD
KING OF RUSSIA, PA 19406

FILED
05 JAN 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

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4. FEI Number
75-3133781
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	DP
NAME	MILLER, ALAN B
STREET ADDRESS	367 S GULPH RD
CITY-ST-ZIP	KING OF RUSSIA, PA 19406
TITLE	DV
NAME	FILTON, STEVE
STREET ADDRESS	367 S GULPH RD
CITY-ST-ZIP	KING OF RUSSIA, PA 19406
TITLE	DS
NAME	GILBERT, BRUCE
STREET ADDRESS	367 S GULPH RD
CITY-ST-ZIP	KING OF RUSSIA, PA 19406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800045552828
01/28/05--01011--010-***150.00

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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

Bruce R. Gilbert 1/4/05 610 768 3300
Date Daytime Phone #