## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P03000102814**

1. Entity Name

UHS OF LAKEWOOD RANCH, INC.



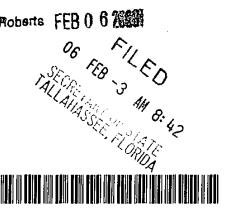
Principal Place of Business

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

367 S GULPH RD

KING OF RUSSIA, PA 19406

## T. Roberts FEB 0 6 783



01172006

No Chg-P

CR2E034 (11/05)

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			
	named entity submits this statement for the priors of registered agent.	urpose of changing its regi	istered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	ot	
SIGNATURE.		Alore B					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Heg	gistered Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol><li>Election Campaign F Trust Fund Contribut</li></ol>		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		1		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, ALAN B 367 S GULPH RD KING OF RUSSIA, PA 19406						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FILTON, STEVE 367-S, GULPH RD KING OF RUSSIA, PA 19406		4	02/10	00065564591 )/0601016005 **150.00	,	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DS . GILBERT, BRUCE 367 S GULPH RD KING OF RUSSIA, PA 19406			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP						•	
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trystee 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 a address, with all other like empowered.

SIGNATURE:

CITY-ST-78P