

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

T. Roberts FEB 06 2006

FILED
06 FEB -3 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____
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, 2006 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
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

100065564591
02/10/06--01016--005 **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 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 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: Bruce R. Gilbert 1/24/06 6107683300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #