

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/2	/ip/Phone #)
PICK-UP V	VAIT MAIL
	•
/Pusings E	ntity Name)
(business b	mity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
,	
Special Instructions to Filing Of	ficer:



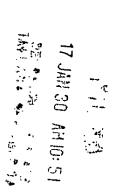


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R. Writte





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463321-210

Re: UHS OF DELAWARE, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	canized under the laws of	the State of DE		
1. The name of	the corporation: UHS OF DELAWARE	, INC.			
2. The principal	office address: 367 South Gulph Road	d, King of Prussia, PA 19	9406		
3. The mailing a	address (if different):			<u> </u>	
4. Date of incor	poration/qualification: 12/09/1985	Document numb	P08345		
	d street address of the current registere rtment of State: (If resigned, enter resigned)		ice on file with the	;	
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation	FL 3333	24		
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or	registered office	¥2 =	
	Corporation Service Company				* Nave
	1201 Hays Street		· · · · · · · · · · · · · · · · · · ·	· 38	
	P.O. Box N	OT acceptable FL 323	01		z.
The street address changed will	ess of its registered office and the stre be identical.			stered ager	nt,
	as authorized by resolution duly adopthe board, or the corporation has been				
Xie	. E. agni	Jill Cilmi Vice Preside	ent		
I hereby occept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all stone of my duties, and I am familiar with and is document is being filed merely to that the corporation has been notified on Service Company	and agree to act in this c atutes relative to the pro accept the obligation of	per and complete f mv position as re	gistered ress, I	
•	nature of Registered Agent	01/26/2017			
Sig	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	, Asst. Vice President				
1	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *