

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007093

**Entity Name:** UNIVERSAL HEALTH SERVICES FOUNDATION INC.

**Current Principal Place of Business:**

367 SOUTH GULPH ROAD  
KING OF PRUSSIA, PA 19406

**Current Mailing Address:**

367 SOUTH GULPH ROAD  
KING OF PRUSSIA, PA 19406

**FEI Number:** 20-3396995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name PEMBER, MARVIN  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title DVP  
Name FILTON, STEVE  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title S  
Name BRUNNER, GEORGE JR  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title T  
Name RAMAGANO, CHERYL K  
Address 367 SOUTH GULPH ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE FILTON

**VICE PRESIDENT**

**04/20/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date