On August 23, 2002, one of UHS’s most ambitious dreams became a reality. The new George Washington University Hospital (GWUH) officially opened its doors, inaugurating a state-of-the-art medical facility that is unmatched in our nation’s capital. Five years in the making, it has been welcomed by patients, staff members, and community leaders alike.
The new GWUH is a shining example of the UHS approach to hospital management. It is designed to meet the highest standards of patient services. It features the latest in advanced medical technologies. And it was achieved through the hard work and effective management of professionals who believe that quality healthcare can coexist with profitable operations.
Corporate Profile

Universal Health Services, Inc. is one of the largest and most experienced hospital management companies in the nation. We have focused our efforts on managing acute care hospitals, behavioral health hospitals, and ambulatory surgery and radiation oncology centers.

We believe hospitals will remain the focal point of the healthcare delivery system. We have built our success by remaining committed to a program of rational growth around our core businesses and seeking opportunities complementary to them. The future of our industry remains bright for those whose focus is providing quality healthcare on a cost-effective basis.

The UHS Mission

To provide superior quality healthcare services that: Patients recommend to families and friends, physicians prefer for their patients, purchasers select for their clients, employees are proud of, and investors seek for long-term returns.

We will realize this vision through our commitment to the following principles: service excellence, continuous improvement in measurable ways, employee development, ethical and fair treatment for all, teamwork, compassion, and innovation in service delivery.
### Financial Highlights

<table>
<thead>
<tr>
<th>YEAR ENDED DECEMBER 31</th>
<th>2002</th>
<th>2001</th>
<th>PERCENTAGE</th>
<th>2000</th>
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<tbody>
<tr>
<td><strong>Net Revenues</strong></td>
<td>$3,258,898,000</td>
<td>$2,840,491,000</td>
<td><strong>15%</strong></td>
<td>$2,242,444,000</td>
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<tr>
<td><strong>Net Income</strong></td>
<td>$175,361,000</td>
<td>$99,742,000</td>
<td><strong>76%</strong></td>
<td>$93,362,000</td>
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<tr>
<td><strong>Earnings per share</strong> (diluted)</td>
<td>$2.74</td>
<td>$1.60</td>
<td><strong>71%</strong></td>
<td>$1.50</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
<th>PERCENTAGE</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient days</strong></td>
<td>2,564,022</td>
<td>2,253,611</td>
<td><strong>14%</strong></td>
<td>1,626,069</td>
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<tr>
<td><strong>Admissions</strong></td>
<td>414,390</td>
<td>355,117</td>
<td><strong>17%</strong></td>
<td>264,742</td>
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<tr>
<td><strong>Average number of licensed beds</strong></td>
<td>10,648</td>
<td>9,966</td>
<td><strong>7%</strong></td>
<td>7,592</td>
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</table>

* The earnings per share have been adjusted to reflect the two-for-one stock split declared in the form of a 100% stock dividend which was paid in June 2001.
Net Income Increases for the 10th Consecutive Year

We are pleased to report that net revenues for the year ended December 31, 2002, were $3.3 billion, a 15% increase from the prior year. Net income for the year was $175.4 million or $2.74 per share (diluted). Net income increased for the tenth consecutive year. By year-end 2002, shareholders’ equity increased 14% to $917 million and debt declined to $689 million.

As these figures indicate, 2002 was simply an outstanding year for Universal Health Services. We achieved new records in revenues, net income, and earnings per share. We are extremely pleased that in an overall bleak economic environment The Wall Street Journal listed UHS as the Top Healthcare provider for the ten-year period of 1992-2002. The Wall Street Journal Shareholder Scoreboard ranks the performance of 1,000 major U.S. companies based on total returns to shareholders. At 20%, UHS’s average return was first and more than double the industry group average. We are proud of this accomplishment because it confirms the wisdom of our business growth strategy and the value of our company’s reputation for integrity.

UHS Acquires 100th Facility and We’re Still Growing

This strategy reached an exciting new milestone in 2002 as we acquired our 100th facility, located in Lansdale, Pennsylvania. This community hospital, which has been renamed Central Montgomery Medical Center, has the distinction of being UHS’s first acute care facility in Pennsylvania, complementing our highly regarded network of behavioral healthcare centers throughout the state.

This past year, UHS expanded into a new frontier: Alaska. We have acquired North Star Behavioral Health Systems, a group of high-quality psychiatric care facilities serving the growing community of Anchorage.

In addition, four major projects were begun in 2002. Construction began on Spring Valley Hospital Medical Center in Las Vegas, which brings The Valley Health System’s hospitals to four, increasing UHS’s strong position in the nation’s fastest-growing major city. We also began construction on the Heart Hospital of Northwest Texas in Amarillo, and the Women’s Center at the Wellington Regional Medical Center. And we broke ground on Lakewood Ranch Medical Center, which will add to our network of facilities in Manatee County, Florida.
Another exciting milestone in 2002 was the opening of the new George Washington University Hospital in Washington, D.C. This technologically advanced facility gives UHS a high profile presence in our nation’s capital. We are very proud of completing this four-year project on time and on budget, resulting in the finest hospital to be built in Washington, D.C. in over 25 years. We look forward to the many benefits it will bring to patients, the local community, our University partner and our company.

These new facilities will add 12% to the number of available beds in our acute care division. They exemplify UHS’s ongoing strategy of building or acquiring hospitals in areas where population growth is above the national average. These hospitals will soon become an integral part of the local community by consistent investment in people, services, and facilities.

Our Most Important Resource: UHS’s People

In December 2002, we were happy to welcome Robert L. Smith to our company’s management. As Vice President and Regional Director of Acute Care Operations, Robert is applying his expertise to the company’s hospitals in Texas, Oklahoma and Louisiana.

In the Behavioral Health Company, Barry Pipkin was promoted to Regional Vice President and Linda Berridge is the newest Group Director.

And we congratulate John “Skip” Williams, M.D., Ed.D., a member of UHS’s Board of Directors and currently Dean of The George Washington University Medical Center, who was named Provost of the University.

Fixing a Problem

Our industry continues to be impacted by the rising cost of malpractice insurance. This has been brought about by excessive non-economic awards, forcing many highly qualified physicians to alter their practice patterns. Some are leaving the field of medicine altogether, at a time when our nation urgently needs experienced, competent medical professionals. This unfortunate trend must be reversed. We believe that placing caps on non-economic damages and implementing objective screening panels will help to reduce the number of frivolous lawsuits and excessive awards, while ensuring that injured individuals receive compensation for important continued medical care and economic loss. On March 13, 2003, the U.S. House of Representatives passed legislation along these lines, and now the legislation moves to the Senate where it has died in previous years. Let’s hope the Senate finally acts to mitigate this crisis that affects every American.

At this writing America has entered into war in Iraq. We fully support those UHS service personnel called to duty to protect our nation. And we pledge to assist their families in their absence and retain their jobs until they can safely return home.

As we enter our 25th year, we look back with pride at what has been accomplished. And we look ahead with excitement to all the positive programs now being planned and put in place to better serve the many communities of which our hospitals are an integral part. They have come to rely on UHS to effectively provide hospital services when the need arises, and we will not fail them.

We are privileged to play this role and thank the over 30,000 UHS professionals who make it possible for our company to fulfill our unique corporate mission.

May God continue to bless America.

Alan B. Miller
Chairman of the Board
President and Chief Executive Officer
Overcoming Skepticism, Again.

At first, there seemed to be more skeptics than believers.

When UHS announced a joint venture with The George Washington University Hospital (GWUH) in 1997, many hospital staff members feared that their new corporate partner would be driven solely by financial interests.

That is, they expected UHS to cut corners on facilities, equipment, staffing, and the quality of medical care.

Community members, too, expressed concerns that one of Washington, D.C.’s most venerated hospitals would see more than 175 years of tradition swept away in the name of profits.

But the story of the new GWUH is one of optimism overcoming skepticism, and outstanding quality leading to outstanding performance. In short, it is a microcosm of UHS’s long history of excellence in hospital management.

And it is only one success story in a year that saw continued growth for our unique healthcare company.

A Perfect Fit

The GWUH/UHS partnership began in 1997, when the university’s leaders realized they had reached a turning point.

The George Washington University Hospital is a unique facility, befitting its status as a primary hospital for the President of the United States, members of Congress, and visiting dignitaries.
point in their institution’s proud history.

After struggling for years with deficits and a 1948-vintage facility, GWUH reluctantly decided that they could no longer operate without a source of substantial outside funding and hospital management expertise. The university knew that this meant giving up some measure of control, but they also hoped to structure a deal that ensured continued operation of their all-important academic programs.

“We began by talking with several of America’s largest hospital management companies,” recalls John F. Williams, Jr., M.D., Ed.D., Vice President for Health Affairs and Dean, The George Washington University. “And at first, UHS was actually considered too small to make our list of candidates.

“But after working with some of the larger companies,” says Dr. Williams, “we came to appreciate that what really mattered was not the size of the company but its culture. And in that regard, UHS proved to be a perfect fit.”

Over the course of the next few months, a partnership agreement was forged in which UHS would fund a brand-new hospital building while GWU would retain 20% ownership and full academic privileges.
A Challenging Site

In 1999, after a long process of securing approvals, UHS began construction of the new George Washington University Hospital, directly across the street from the old facility.

Guided by Donald Pyskacek, UHS’s assistant vice president in charge of design and construction, the partners selected a six-story design with a curved, glass-enclosed facade. Inside, the new building would reflect UHS’s extensive experience in building and managing modern healthcare facilities, from its efficient emergency department, to its advanced surgical suites, to its comfortable patient rooms.

The new hospital would be outfitted with the very latest in medical technology, including:

• The Dilon 6800 gamma camera
• EnSite Cardiac Mapping
• Virtual reality training centers
• The Micropaq telemetry System
• Inturis Suite
• The Integris Biplane Neurovascular Imaging System
• The Integris Allura, a catheterization lab with three-dimensional imaging
• Neonatal incubators
• GE Signa Infinity MRI

A Disturbing Trend

But before construction of the new facility got underway, a disturbing trend began to emerge. Some of the hospital’s finest medical professionals were leaving GWUH – and taking their patients with them.

As part of a team that is considered among the finest in America, many physicians and nurses worried that UHS would compromise their high medical standards in exchange for profits. Despite ongoing
defections, UHS and GWUH pressed ahead toward a targeted 2002 opening date.

As that date moved closer, word circulated through the Washington, D.C. medical community that the new GWUH lived up to all of its promises – and more.

And by the time the new hospital had opened, many medical professionals – and their patients – had returned. For example, Dan McLean, CEO and Managing Director, The George Washington University Hospital, recalls that the hospital’s chief nursing officer relayed to him a story of a nurse who left during the construction phase. “But after she saw the facility and equipment,” he says, “she wrote a letter saying, ‘Can I come home?’”

At the same time, 292 new physicians joined the medical staff between 1999 and 2002.

An Institution Transformed

When the new George Washington University Hospital opened its doors on August 23, 2002 – on time and on budget – professionals and patients alike saw an institution transformed.

The hospital’s Emergency Department is more than two and one half times larger than before, with more treatment areas, the latest equipment, and increased patient privacy. As a result,
emergency visits have already increased by 20 percent.

In addition, there are twice as many operating theaters – the smallest of which would hold the largest operating room from the old hospital. And the hospital’s world-class surgeons are at last using world-class equipment.

In the old hospital, the interventional cardiac care rooms were on different floors. In the new one, they are adjacent to one another, saving precious seconds for patients in crisis.

In addition, an advanced communications network allows physicians and nurses to view images, EKGs, lab reports, and other patient records using a desktop or laptop PC – or even a Palm Pilot.

And on its top floor, GWUH features one of the world’s finest medical education facilities, where students can perform exams and even complex surgical procedures on lifelike simulators.

“The sixth floor is a unique setting,” says Richard Becker, M.D., Medical Director and Assistant Dean for Medical Affairs, The George Washington University. “It makes our university more attractive to top medical students, who are critical to the university’s future.”

Features like these have made GWUH the pride of the Washington, D.C. healthcare community – and a welcome addition to UHS.
A transformation of this magnitude did not go unnoticed by the local community.

At the grand opening ceremony, local newspaper, radio, and television news teams were on hand to cover it. And among the many VIPs in attendance was President Bush’s chief of staff Andrew Card, who proclaimed “This is the President’s hospital.”

Hospital officials have also conducted tours for dozens of physicians, visiting dignitaries, Wall Street analysts, and even administrators from other major medical centers. But perhaps the strongest endorsement has come from GWUH’s discerning professional staff.

“The physicians here are incredibly excited,” Dr. Becker says, “and the whole atmosphere is alive with energy. Physicians feel this is the place to be. And they’ve voted with their feet. Our census is climbing, and patients want to come back here. It’s a real renaissance for The George Washington University Hospital.”

Paulita Amigo, Clinical Director, Neuroscience, Orthopedics, and Rehabilitation, agrees, calling the new facility “the dream hospital that we always hoped to have.”

And Fred Bailey, a longtime staff member...
and manger of the security department, believes that the new GWUH is, “simply the finest facility of its kind in this city.”

A Familiar Pattern

Those who looked closely at the history of UHS would have known that the fears of an uncaring “corporate takeover” were unfounded.

Throughout its 25-year history, UHS has established a track record for acquiring and building hospitals, and then investing in their improvement and growth. At the outset, however, the initial reaction on the part of community leaders and staff members is often skeptical.

For example, a similar mood of skepticism surrounded UHS’s acquisition of Northwest Texas Hospital in 1996. It was a challenging and contentious process, with many in the community expressing the fear that UHS would focus on short-term profits while decreasing the quality of care and restricting service to indigent patients.

Since that time, however, UHS has made significant investments in the facility – and in
the local market – while actually increasing the level of indigent care. And today, the hospital serves as the centerpiece of the Northwest Texas Health System, a network that also includes the J.O. Wyatt Community Health Center, Northwest Texas Women's and Children's Center, Northwest Texas Sports Medicine Center, Northwest Wound Care Center, the Pavilion – and in 2003, The Heart Hospital of Northwest Texas.

In fact, investing in quality healthcare is what UHS does best.

A Strong Commitment to Las Vegas

UHS continues to invest significantly in the Las Vegas market, which remains the fastest-growing major metropolitan area in the United States.
In 2002, Summerlin Hospital Medical Center, one of six UHS facilities in the area, completed a 5,000 sq. ft. operating expansion, adding five new suites. It also completed an equally large endoscopy suite, and a new OB floor with 16 postpartum beds.

Desert Springs Hospital opened a new 126-bed patient tower to meet increasing demand. Desert Springs Hospital also received the 2001 Corporate Service Excellence Award, presented by UHS for outstanding improvements in patient and employee satisfaction.

Valley Hospital Medical Center broke ground on a new project that will double the size of its emergency department, including a 13-bed fast-track unit that will accommodate walk-ins, urgent care needs, and industrial injuries.

Northern Nevada Medical Center in Sparks, Nevada, broke ground on a major expansion of its emergency and radiology departments, as well as its parking area. The project will more than double the hospital’s
emergency department, and will allow the installation of new MRI and nuclear medicine equipment.

And in 2003, UHS plans to complete construction of Spring Valley Hospital in Las Vegas, an entirely new acute care facility that will house 176 beds.

**Continued Expansion, Nationwide**

But Las Vegas is far from our only area of focus. In 2002, we added new facilities, new equipment, and new capabilities throughout the nationwide UHS network.

For example, Auburn Regional Medical Center, a hospital in Auburn, Washington, recently completed a new tower with 149 patient beds. In addition, the hospital has added new emergency room, OB/GYN, and surgical facilities.

At Doctors Hospital of Laredo, located in Laredo, Texas, UHS has begun development of Providence Surgical Medical Center, a new 38,000 sq. ft. short-stay hospital joint venture, to add to the new 180 bed hospital opened in 2001. Careful attention to physician requirements was an important factor in this venture, which will help UHS increase its competitive position in the
Laredo community – which is the nation’s second fastest growing, after Las Vegas.

Aiken Regional Medical Centers in Aiken, South Carolina, replaced an aging cardiac catheterization lab with a new GE Innova-2000 unit that offers the latest in digital cardiac imaging technology. The new equipment will help the lab continue its remarkable record of serving nearly twice as many patients as its nearest competitors.

At Manatee Memorial Hospital in Bradenton, Florida, a new emergency department completed its first full year of operation. This 29,600 sq. ft. facility features state-of-the-art cardiac monitoring equipment, two centralized nursing stations, and an enlarged waiting area.

Also in Manatee County, we broke ground on a 120-bed acute care hospital on a 30-acre site in the center of Lakewood Ranch, Florida.

And at Wellington Regional Medical Center in West Palm Beach, Florida, UHS opened a new
$5 million, 13,000 sq. ft. outpatient surgery and admitting center.

We also began construction on the Medical Arts Pavilion II, a new 50,000 sq. ft. medical office building.

A Consistent Strategy

UHS continues to pursue a consistent strategy of operating hospitals in geographic regions where population growth exceeds the national average, and then working to make those hospitals the finest in their respective markets.

Admittedly, this approach to quality healthcare might seem uncommon in today’s healthcare market. But it is simply business as usual for UHS.

Important Developments in Behavioral Healthcare

The year 2002 also brought ongoing investments – and ongoing growth – for UHS’s Behavioral Healthcare Division, which now consists of 38 facilities across the country.
UNIVERSAL

For example, Lakeside Behavioral Health System in Tennessee began construction of a new 100-bed mental health hospital building. This $6.5 million project will meet the educational needs of the Pavilion Residential Treatment Center's clients, and also serves day students from area school districts. The 20,400 sq. ft. building has a capacity for 110 students, and includes a gymnasium and cafeteria.

To accommodate increasing demand, the 200 bed Provo Canyon School in Provo, Utah, expanded its classroom space and added 30 new beds to its fourth floor.

Talbott Recovery Campus in Atlanta, Georgia, has added a library and chapel to serve its growing patient population. This nationally known facility specializes in substance abuse treatment for healthcare professionals.

Finally, the Behavioral Health Division acquired North Star Behavioral Health Systems in Anchorage, Alaska. This network consists of acute care beds, as well as the
North Star Residential Treatment center, and a unit in Palmer, Alaska. It marks UHS’s first foray into the state of Alaska.

Overall, the Behavioral Healthcare Division reported record revenues and profits, even as major competitors continue to experience financial difficulties. This outstanding performance is attributable to a stable management team, a focus on quality care, and an individualized approach to patient services provided by each facility.

A Bright Future

For the entire UHS network, which also includes the Ambulatory Surgery Division, the Radiation Oncology Division, and Médi-Partenaires, our hospital company in France, the year 2002 was one of growth and profitability.

With improving reimbursement trends, a superb nationwide staff of dedicated healthcare professionals, and a proven management strategy, we look forward to an even brighter future.
A Special Honor

On May 19, 2002, Alan B. Miller, President and Chairman of the Board of UHS, along with Kenneth P. Moritşugu, MD, Acting Surgeon General of the United States, received the prestigious President’s Medal from The George Washington University School of Medicine and Health Sciences (SMHS).

The President’s Medal is a tribute to special guests, family and friends of the University. And it reflects our company’s nationwide commitment to civic leadership in the communities we serve.

Previous recipients include Vaclav Havel, first president of the Czech Republic; Mikhail Gorbachev, past president of the former U.S.S.R; and journalist Walter Cronkite.

The award was presented by John F. Williams, Jr., M.D., Ed.D., Vice President for Health Affairs and Dean, The George Washington University, who said, “We are pleased to be able to bestow this prestigious honor on Alan Miller for his philanthropic contribution to the arts, his leadership against racism, as well as his outstanding contributions and humanitarian efforts to the country through healthcare.”

The Wall Street Journal listed UHS as the Top Healthcare provider for the ten-year period of 1992-2002. The Wall Street Journal Shareholder Scoreboard ranks the performance of 1,000 major U.S. companies based on total returns to shareholders. At 99%, UHS’s average return was first and more than double the industry group average.

<table>
<thead>
<tr>
<th>Healthcare Providers</th>
<th>10-Year Average Return (%)</th>
<th>Surplus/Deficit Relative to Industry</th>
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</thead>
<tbody>
<tr>
<td>Universal Health Services</td>
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<tr>
<td>Express Scripts</td>
<td>28.0</td>
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<tr>
<td>Lincare Holdings</td>
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<td>10.2</td>
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<tr>
<td>Health Management</td>
<td>22.9</td>
<td>9.5</td>
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<tr>
<td>UnitedHealth Group</td>
<td>19.4</td>
<td>6.1</td>
</tr>
<tr>
<td>Oxford Health Plans</td>
<td>17.8</td>
<td>4.5</td>
</tr>
<tr>
<td>Mid Atlantic Medical</td>
<td>16.8</td>
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<tr>
<td>First Health Group</td>
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<tr>
<td>Omnicare</td>
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<tr>
<td>HCA</td>
<td>12.2</td>
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<tr>
<td>Industry Group Average</td>
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**ACUTE CARE HOSPITALS**

- Aiken Regional Medical Centers
  - Aiken, South Carolina
  - 225 beds
- Auburn Regional Medical Center
  - Auburn, Washington
  - 149 beds
- Central Montgomery Medical Center
  - Lansdale, Pennsylvania
  - 150 beds
- Chalmette Medical Center
  - Chalmette, Louisiana
  - 195 beds
- Desert Springs Hospital
  - Las Vegas, Nevada
  - 351 beds
- Doctors' Hospital of Laredo
  - Laredo, Texas
  - 180 beds
- Doctors' Hospital of Shreveport
  - Shreveport, Louisiana
  - 136 beds
- Edinburg Regional Medical Center
  - Edinburg, Texas
  - 169 beds
- Fort Duncan Medical Center
  - Eagle Pass, Texas
  - 77 beds
- The George Washington University Hospital
  - Washington, D.C.
  - 371 beds
- Hospital San Francisco
  - Rio Piedras, Puerto Rico
  - 160 beds
- Hospital San Pablo
  - Bayamón, Puerto Rico
  - 430 beds
- Hospital San Pablo del Este
  - Fajardo, Puerto Rico
  - 180 beds
- Lancaster Community Hospital
  - Lancaster, California
  - 117 beds
- Manatee Memorial Hospital
  - Bradenton, Florida
  - 491 beds
- McAllen Medical Center and
  - McAllen Heart Hospital
  - McAllen, Texas
  - 633 beds
- Northern Nevada Medical Center
  - Sparks, Nevada
  - 100 beds
- Northwest Texas Healthcare System
  - Amarillo, Texas
  - 357 beds
- River Parishes Hospital
  - LaPlace, Louisiana
  - 106 beds
- St. Mary's Regional Medical Center
  - Enid, Oklahoma
  - 277 beds
- Southwest Healthcare System
  - Inland Valley Campus
  - Wildomar, California
  - 80 beds
- Southwest Healthcare System
  - Rancho Springs Campus
  - Murrieta, California
  - 96 beds
- Summerlin Hospital Medical Center
  - Las Vegas, Nevada
  - 190 beds
- Valley Hospital Medical Center
  - Las Vegas, Nevada
  - 400 beds
- Wellington Regional Medical Center
  - West Palm Beach, Florida
  - 120 beds

**BEHAVIORAL HEALTH CENTERS**

- Anchor Hospital
  - Atlanta, Georgia
  - 74 beds
- The Arbour Hospital
  - Boston, Massachusetts
  - 118 beds
- The BridgeWay
  - North Little Rock, Arkansas
  - 70 beds
- The Carolina Center for Behavioral Health
  - Greer, South Carolina
  - 66 beds
- Clarion Psychiatric Center
  - Clarion, Pennsylvania
  - 70 beds
- Community Behavioral Health
  - Memphis, TN
  - 90 beds
Del Amo Hospital
Torrance, California
166 beds

Fairmount Behavioral Health System
Philadelphia, Pennsylvania
169 beds

Forest View Hospital
Grand Rapids, Michigan
82 beds

Fuller Memorial Hospital
South Attleboro, Massachusetts
82 beds

Glen Oaks Hospital
Greenville, Texas
54 beds

Hampton Behavioral Health Center
Westhampton, New Jersey
100 beds

Hartgrove Hospital
Chicago, Illinois
119 beds

The Horsham Clinic
Ambler, Pennsylvania
146 beds

Hospital San Juan Capestrano
Rio Piedras, Puerto Rico
108 beds

HRI Hospital
Brookline, Massachusetts
68 beds

KeyStone Center
Wallingford, Pennsylvania
114 beds

La Amistad Behavioral Health Services
Mainland, Florida
50 beds

Lakeside Behavioral Health System
Memphis, Tennessee
204 beds

Laurel Heights Hospital
Atlanta, Georgia
107 beds

The Meadows Psychiatric Center
Centre Hall, Pennsylvania
101 beds

Meridell Achievement Center
Austin, Texas
114 beds

Midwest Center for Youth and Families
Kouts, Indiana
50 beds

North Star Hospital
Anchorage, Alaska
74 beds

North Star Residential Treatment Center
Anchorage, Alaska
25 beds

Palmer Residential Treatment Center
Palmer, Alaska
9 beds

Parkwood Behavioral Health System
Olive Branch, Mississippi
106 beds

The Pavilion
Champaign, Illinois
46 beds

Peachford Behavioral Health System of Atlanta
Atlanta, Georgia
184 beds

Pembroke Hospital
Pembroke, Massachusetts
107 beds

Provo Canyon School
Provo, Utah
211 beds

Ridge Behavioral Health System
Lexington, Kentucky
110 beds

River Crest Hospital
San Angelo, Texas
80 beds

River Oaks Hospital
New Orleans, Louisiana
126 beds

Rockford Center
Newark, Delaware
74 beds

Roxbury Shippensburg, Pennsylvania
53 beds

St. Louis Behavioral Medicine Institute
St. Louis, Missouri
124 beds

Two Rivers Psychiatric Hospital
Kansas City, Missouri
80 beds

Westwood Lodge Hospital
Westwood, Massachusetts
126 beds

MÉDI-PARTENAIRES (Paris/Bordeaux)
Clinique Ambroise Paré
Toulouse, France
204 beds

Clinique Richelieu
Saintes, France
123 beds

Clinique Bercy
Charenton le Pont, France
100 beds

Clinique Villéte
Dunkerque, France
123 beds

Clinique Pasteur
Bègles, France
100 beds

Clinique Bon Secours
Le Puy en Velay, France
101 beds

Clinique Aressy
Aressy, France
179 beds

Clinique Saint-Augustin
Bordeaux, France
139 beds

Clinique Saint-Jean
Montpellier, France
118 beds

Hôpital Clinique Claude Bernard
Mež, France
140 beds

Polyclinique Montréal
Carcassonne, France
249 beds

AMBULATORY SURGERY CENTERS
Brownsville Surgicare
Brownsville, Texas

Eye Surgery Specialists of Puerto Rico
San Turce, Puerto Rico

Goldring Surgical and Diagnostic Center
Las Vegas, Nevada

Hope Square Surgery Center
Rancho Mirage, California

Northwest Texas Surgery Center
Amarillo, Texas

Outpatient Surgical Center of Ponca City
Ponca City, Oklahoma

Plaza Surgery Center
Las Vegas, Nevada

St. George Surgical Center
S. George, Utah

St. Luke’s SurgiCenter
Hammond, Louisiana

Surgical Arts Surgery Center
Reno, Nevada

Surgery Center of Littleton
Littleton, Colorado

Surgery Center of Midwest City
Midwest City, Oklahoma

Surgical Center of New Albany
New Albany, Indiana

Surgery Center of Springfield
Springfield, Missouri

RADIATION ONCOLOGY CENTERS
Auburn Regional Center for Cancer Care
Auburn, Washington

Bluegrass Cancer Center
Frankfort, Kentucky

Cancer Institute of Nevada
Las Vegas, Nevada

Danville Radiation Therapy
Danville, Kentucky

Louisville Radiation Oncology Center
Louisville, Kentucky

Madison Radiation Therapy
Madison, Indiana

Southern Indiana Radiation Therapy
Jeffersonville, Indiana

SPECIALIZED WOMEN’S HEALTH CENTER
Renaissance Women’s Center of Edmond
Edmond, Oklahoma
Board of Directors

(Standing from left to right) John F. Williams, Jr., Alan B. Miller, Anthony Pantaleoni
(Seated) Robert H. Hotz, Leatrice Ducat, John H. Herrell

Alan B. Miller
Chairman of the Board, President, and Chief Executive Officer

Learifice Ducat
President and Founder, National Disease Research Interchange since 1980; President and Founder, Human Biological Data Interchange since 1988. Founder, Juvenile Diabetes Foundation, National and International Organization of the Juvenile Diabetes Foundation

John H. Herrell
Former Chief Administrative Officer and Member, Board of Trustees, Mayo Foundation, Rochester, MN

Robert H. Hotz
Senior Managing Director, Head of Investment Banking, Head of the Board of Directors Advisory Service, Member of the Board of Directors, Houlihan Lokey Howard & Zukin, New York, NY; Former Senior Vice Chairman, Investment Banking for the Americas, UBS Warburg, LLC, New York, NY

Anthony Pantaleoni
Of Counsel, Fulbright & Jaworski, L.L.P., New York, NY

John F. Williams, Jr., M.D., Ed.D.
Provost, Vice President for Health Affairs and Dean, The George Washington University

Committees of the Board:
1. Audit Committee
2. Compensation Committee
3. Executive Committee
4. Finance Committee
5. Nominating/Corporate Governance