

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90013 041 \*\*\*150.00

**DOCUMENT # F04000001255**

1. Entity Name  
**UNITED PHARMACY SERVICES OF VALDOSTA, INC.**



Principal Place of Business

**409 E. DOYLE ST  
TOCCOA, GA 30577**

Mailing Address

**P.O. BOX 1210  
TOCCOA, GA 30577**

2. Principal Place of Business - No P.O. Box #

**211 East Doyle St**

Suite, Apt. #, etc.

3. Mailing Address

**211 East Doyle St.**

Suite, Apt. #, etc.

**PO Box 1210**



01282008

Chg-P

CR2E034 (12/06)

City & State

**Toocoa GA**

City & State

**Toocoa GA**

4. FEI Number

**58-1735500**

Applied For

☐ Not Applicable

Zip

**30577**

Country

**USA**

Zip

**30577**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

**Neil L. Pruitt Jr., CEO**

(NOTE: Registered Agent signature required when reinstating)

**3/19/08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, NEIL L JR	
STREET ADDRESS	409 E. DOYLE ST	
CITY-ST-ZIP	TOCCOA, GA 30577	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	PRUITT, NEIL L JR	
STREET ADDRESS	409 E. DOYLE ST	
CITY-ST-ZIP	TOCCOA, GA 30577	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAMRON, WADE E	
STREET ADDRESS	409 E. DOYLE ST	
CITY-ST-ZIP	TOCCOA, GA 30577	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYSON, CHRISTOPHER R	
STREET ADDRESS	409 E. DOYLE ST	
CITY-ST-ZIP	TOCCOA, GA 30577	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRUITT, NANCY W	
STREET ADDRESS	409 E. DOYLE ST	
CITY-ST-ZIP	TOCCOA, GA 30577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, NEIL L. JR.	
STREET ADDRESS	211 E. DOYLE STREET	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, NEIL L. JR.	
STREET ADDRESS	211 East Doyle Street	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, NANCY W.	
STREET ADDRESS	211 East Doyle St.	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Neil L. Pruitt Jr.**

Date

**3/19/08**

Daytime Phone #

**770-806-6893**