



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2008 90013 039 ***150.00

DOCUMENT # P03000083368 1. Entity Name UNITED HEALTH SERVICES OF FLORIDA, INC.					
Principal Place of Business 409 E. DOYLE STREET P.O. BOX 1210 TOCCOA, GA 30577			Mailing Address 409 E. DOYLE STREET 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 PO Box 1210 Suite, Apt. #, etc.			
City & State Toocoa GA		City & State Toocoa GA		4. FEI Number 20-0131121	
Zip 30577		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Neil L. Pruitt Jr., CEO</u> 3/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUITT, NANCY W 409 E. DOYLE STREET P.O. BOX 1210 TOCCOA, GA 30577		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pruitt, Nancy W. 211 East Doyle St. Toocoa GA 30577	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC PRUITT, NEIL L JR 409 E. DOYLE STREE, PO BOX 1210 TOCCOA, GA 30577		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC Pruitt, Neil L. Jr. 211 East Doyle St. Toocoa GA 30577	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Neil L. Pruitt Jr.</u> 3/19/08 70-806-6893 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					