

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000133228



1. Entity Name  
UNITED HOSPICE OF WEST FLORIDA, INC.

Principal Place of Business  
409 EAST DOYLE ST  
TOCOOA, GA 30577

Mailing Address  
409 EAST DOYLE ST  
TOCOOA, GA 30577

2. Principal Place of Business - No P.O. Box #  
*211 East Doyle Street*  
Suite, Apt. #, etc.

3. Mailing Address  
*211 East Doyle Street*  
Suite, Apt. #, etc.  
*PO Box 1210*

City & State

*TOCOOA 6A*  
Zip *30577* Country *USA*

City & State

*TOCOOA, Ga*  
Zip *30577* Country *USA*

01282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-8062860</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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.

*Neill L. Pruitt Jr., CEO* **3/19/08**

DATE

(NOTE: Registered Agent signature required when reinstating)

**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 CDST  
NAME PRUITT, NEIL L JR  
STREET ADDRESS 3945 LAWRENCEVILLE HWY  
CITY-ST-ZIP LILBURN, GA 30047

Delete

TITLE VST  
NAME PRUITT, NANCY W  
STREET ADDRESS 3945 LAWRENCEVILLE HWY  
CITY-ST-ZIP LILBURN, GA 30047

Delete

TITLE D  
NAME BRYSON, CHRISTOPHER R  
STREET ADDRESS 409 EAST DOYLE ST  
CITY-ST-ZIP TOCOOA, GA 30577

Delete

TITLE D  
NAME DAMRON, WADE E  
STREET ADDRESS 409 EAST DOYLE ST  
CITY-ST-ZIP TOCOOA, GA 30577

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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

*Neill. Pruitt Jr.*

Date

Daytime Phone #

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

04-10-2008 90013 042 \*\*\*150.00