

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P06000133228</b> 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 GA		City & State TOCOOA, GA		01282008    Chg-P    CR2E034 (12/06)	
Zip    Country 30577    USA		Zip    Country 30577    USA		4. FEI Number 20-8062860	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 <b>FL</b> 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> <u>3/19/08</u> <small>Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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	CDST PRUITT, NEIL L JR 3945 LAWRENCEVILLE HWY LILBURN, GA 30047	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Pruitt, Neil L. 211 East Doyle St. TOCOOA GA 30577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PRUITT, NANCY W 3945 LAWRENCEVILLE HWY LILBURN, GA 30047	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Pruitt, Nancy W. 211 East Doyle St. TOCOOA GA 30577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYSON, CHRISTOPHER R 409 EAST DOYLE ST TOCOOA, GA 30577	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bryson, Christopher R. 211 East Doyle St. TOCOOA GA 30577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMRON, WADE E 409 EAST DOYLE ST TOCOOA, GA 30577	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: <u>Neil L. Pruitt Jr</u> <u>3/19/08</u> <u>110-806-6893</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					