## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01467

FILED Jan 07, 2011 Secretary of State

Entity Name: CORNERSTONE HOSPICE & PALLIATIVE CARE, INC.

Current Principal Place of Business: New Principal Place of Business:

2445 LANE PARK ROAD TAVARES, FL 327789660 US

Current Mailing Address: New Mailing Address:

2445 LANE PARK ROAD TAVARES, FL 327789660 US

FEI Number: 59-2330114 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEHOTSKY, PATRICIA 2445 LANE PARK ROAD TAVARES, FL 32778 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: CLEMENT, EDWARD
Address: 308 EAST FIFTH STREET
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S

 Name:
 MCADAMS, RICHARD

 Address:
 1007 GOLDEN OAK COURT

 City-St-Zip:
 ORLANDO, FL 328061211 US

Title: VP

Name: MCKEE, ROBERT
Address: 7205 NORTH SHORE DRIVE
City-St-Zip: LEESBURG, FL 34788 US

Title: CEO

Name: LEHOTSKY, PATRICIA M

Address: 16326 E. SHIRLEY SHORES DRIVE

City-St-Zip: TAVARES, FL 32778 US

Title: CFO

Name: GRIMMER, THOMAS W Address: 3873 OLD DUNN ROAD City-St-Zip: APOPKA, FL 32712 US

Title:

Name: HOCKING, DALE

Address: 940 LAKE SHORE DRIVE, SUITE 200 City-St-Zip: THE VILLAGES, FL 32162 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA LEHOTSKY CEO 01/07/2011