2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90396 033 ***150.00

DOCUMENT # P05000044851

1. Entity Name
CORNERSTONE THERAPY, INC.

Principal Place of Business	Mailing Address
8815 S.W. 11TH STREET BOCA RATON, FL 33433 US	8815 S.W. 11TH STREET BOCA RATON, FL 33433 US

03092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3380 SW Foremost Dr	3380 SW Foremost Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie, FL	City & State: Port St. Lucie FL
Zip: 34953 Country:	Zip: 34953 Country:

4. FEI Number: 20-2568017 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, CAROL
8815 S.W. 11TH STREET
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3380 Foremost (SW) Dr
City: Port St Lucie FL Zip Code: 34953

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	COLE, CAROL	NAME	
STREET ADDRESS	8815 S.W. 11TH STREET	STREET ADDRESS	3380 S.W. Foremost Dr.
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	Port St Lucie, FL 34953
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: x Carol Cole   x 3/12/07   x 954-263-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #