

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90072 043 ***150.00

DOCUMENT # P95000029287

1. Entity Name

CORNERSTONE HEALTHCARE GROUP, INC.

Principal Place of Business

Mailing Address

16511 WALNUT RAIL
 CHESTERFIELD MI 63005
 US

16511 WALNUT RAIL
 CHESTERFIELD MI 63005
 US

2. Principal Place of Business

3. Mailing Address

3819 Coopers Lake Rd
 Suite, Apt. #, etc.

3819 Coopers Lake Rd
 Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

65-0578149

Applied For

Not Applicable

Zip

Country

32224

US

Zip

Country

32224

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIETBRINK, ROGER
 800 S. OSPREY AVE
 SARASOTA FL 34236

Name Roger Hietbrink

Street Address (P.O. Box Number is Not Acceptable)

3819 Coopers Lake Road

City Jacksonville

FL

Zip Code

32224

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.

SIGNATURE

Roger Hietbrink

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HIETBRINK, LUCINDA	16511 WALNUT RAIL	CHESTERFIELD MO 63005	<input type="checkbox"/>
VD	HIETBRINK, ROGER	16511 WALNUT RAIL	CHESTERFIELD MO 63005	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3819 Coopers Lake Road	Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3819 Coopers Lake Road	Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Hietbrink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000

Date

9049928105

Daytime Phone #