

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01467

**Entity Name:** CORNERSTONE HOSPICE & PALLIATIVE CARE, INC.

**Current Principal Place of Business:**

2445 LANE PARK ROAD  
TAVARES FL 32778-9660

**Current Mailing Address:**

2445 LANE PARK ROAD  
TAVARES FL 32778-9660 US

**FEI Number:** 59-2330114

**Certificate of Status Desired:** No

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

WILLIAMS, ROBERT Q  
380 W. ALFRED STREET  
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

**Officer/Director Detail :**

Title           TREASURER  
Name            STARCHER, MARK  
Address         734 N. 3RD STREET  
                  SUITE 153  
City-State-Zip: LEESBURG FL 34748

Title            DIRECTOR  
Name            MCKEE, ROBERT  
Address         7205 NORTH SHORE DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            VP  
Name            ADRID, ROBERT P  
Address         4141 LAKE FOREST  
City-State-Zip: MOUNT DORA FL 32757

Title            SECRETARY  
Name            FARMER, WILLIAM O SHERIFF  
Address         1010 NORTH MAIN STREET  
City-State-Zip: BUSHNELL FL 33513

Title            DIRECTOR  
Name            MOORE, JOHN  
Address         1984 BRANTLEY CIRCLE  
City-State-Zip: CLERMONT FL 34711

Title            CEO  
Name            LEE, CHARLES O  
Address         2445 LANE PARK ROAD  
City-State-Zip: TAVARES FL 32778-9660

Title            PRESIDENT  
Name            NOVELL, JAMES C  
Address         32019 WOLF BRANCH LANE  
City-State-Zip: SORRENTO FL 32776

Title            DIRECTOR  
Name            CUNNINGHAM, MOLLIE  
Address         15045 WILLOW LANE  
City-State-Zip: TAVARES FL 32778

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*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:** JAMES C NOVELL

**PRESIDENT**

**01/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ELISCU, ANDREA T  
Address P.O. BOX 547478  
City-State-Zip: ORLANDO FL 32854

Title DIRECTOR  
Name MASK, RANDY  
Address 3432 S.E. 20TH LANE  
City-State-Zip: SUMTERVILLE FL 33585

Title DIRECTOR  
Name ROBISON, SANDY  
Address 1704 PARADISE DRIVE  
City-State-Zip: KISSIMMEE FL 34741

Title COO  
Name WHITE, RHONDA  
Address 2445 LANE PARK ROAD  
City-State-Zip: TAVARES FL 32778-9660

Title DIRECTOR  
Name ELLIS, SETH  
Address 34041 PARKVIEW AVENUE  
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR  
Name O'TOOLE, MARLENE  
Address 304 DEL MAR DRIVE  
City-State-Zip: LADY LAKE FL 32162

Title DIRECTOR  
Name TERRY, WENDY  
Address 16623 APPALOOSA TRAIL  
City-State-Zip: MONTVERDE FL 34756