

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 DIRECTOR
Name CLEMENT, EDWARD
Address 308 EAST FIFTH AVENUE
City-State-Zip: MOUNT DORA FL 32757

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

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

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

Title CFO
Name JONES, DAVID L
Address 7802 LAKE ANDREA CIRCLE
City-State-Zip: MOUNT DORA FL 32701

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

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

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

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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: JOHN MOORE

CHAIR

02/14/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARDELLO, DEBORAH
Address 17833 SE 120TH COURT
City-State-Zip: SUMMERFIELD FL 34491

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

Title DIRECTOR
Name GRAFF, MARK J.
Address 1944 BRANTLEY CIRCLE
City-State-Zip: CLERMONT FL 34711

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

Title DIRECTOR
Name STONE, LEWIS W
Address 2616 VILLA WAY
City-State-Zip: EUSTIS FL 32726

Title COO
Name MANRIQUE, MARY M
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778-9660

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

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

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