

2015 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 MOORE, JOHN
Address 1984 BRANTLEY CIRCLE
City-State-Zip: CLERMONT FL 34711

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

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

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

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

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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: CHARLES O. LEE

PRESIDENT/CEO

09/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name HAHNFELDT, DONALD
Address 7375 POWELL ROAD
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name ANN, TALLMAN
Address 2285 PARR DRIVE
City-State-Zip: THE VILLAGES FL 32162

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

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

Title DIRECTOR
Name NAGEL, MERIDETH
Address 450 E. HWY 50
4
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name GERKEN, SCOTT
Address 4850 N. HIGHWAY 19A
City-State-Zip: MOUNT DORA FL 32757

Title CFO
Name SCHAFRATH, JERRY EDWARD
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778-9660