

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01467

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

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**8959676886CC**

**Current Principal Place of Business:**

2445 LANE PARK ROAD  
TAVARES FL 32778-9660

**Current Mailing Address:**

12470 TELECOM DRIVE, SUITE 301  
ATTN: LEGAL DEPT  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 59-2330114

**Certificate of Status Desired:** No

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

MOLOSKY, ANDREW K  
12470 TELECOM DRIVE, SUITE 301  
TEMPLE, FL 33637 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 HAGE, CANDICE  
Address 2210 CR 202  
City-State-Zip: OXFORD FL 34484

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

Title OTHER, IMMEDIATE PAST CHAIR  
Name ADRID, ROBERT P  
Address 4141 LAKE FOREST  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name HOWELL, MICHAEL DR.  
Address 2301 MAITLAND PARKWAY  
SUITE 125, 1ST FLOOR  
City-State-Zip: MAITLAND PARKWAY FL 32751

Title DIRECTOR  
Name HUSSEIN, MAEN DR.  
Address 4100 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

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

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

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

**Continues on page 2**

*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:** TODD WEBB

**CFO**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STARCHER, MARK  
Address 866 S. DUNCAN DRIVE  
City-State-Zip: TAVARES FL 32778

Title DIRECTOR  
Name AUTRY, STEPHEN DR.  
Address 1765 WADING HERON WAY  
City-State-Zip: THE VILLAGES FL 32163

Title CFO  
Name WEBB, TODD  
Address 2445 LANE PARK ROAD  
City-State-Zip: TAVARES FL 32778

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

Title DIRECTOR  
Name BUCHANAN, TIGE  
Address 19751 ELDORADO DRIVE  
City-State-Zip: EUSTIS FL 32726