

**2016 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 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

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

**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:** CHARLES O. LEE

**PRESIDENT AND CEO**

**12/06/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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 866 S. DUNCAN DRIVE  
City-State-Zip: TAVARES FL 32778

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