## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044851

Entity Name: CORNERSTONE THERAPY, INC.

**Current Principal Place of Business:** 

1403 NW LEONARDO CIRCLE PORT SAINT LUCIE. FL 34986

**Current Mailing Address:** 

1403 NW LEONARDO CIRCLE PORT ST. LUCIE, FL 34986

FEI Number: 20-2568017 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUHL, CAROL 1403 NW LEONARDO CIRCLE PORT SAINT LUCIE, FL 34986 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: CAROL PUHL 04/28/2015

Electronic Signature of Registered Agent

Date

FILED Apr 28, 2015

**Secretary of State** 

CC3357541565

Officer/Director Detail:

Title P Title VP

Name PUHL, CAROL Name PUHL, THOMAS

Address 1403 NW LEONARDO CIRCLE Address 1403 NW LEONARDO CIRCLE

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34986

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL PUHL PRESIDENT 04/28/2015