

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000065846

Entity Name: CORNERSTONE HEALTH SERVICES, LLC

Current Principal Place of Business:

2445 LANE PARK RD
TAVARES FL 32778

Current Mailing Address:

2445 LANE PARK RD
TAVARES FL 32778 US

FEI Number: 46-5394907

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT Q
380 W ALFRED ST
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: ROBERT Q WILLIAMS

10/20/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CORNERSTONE HOSPICE &
PALLIATIVE CARE, INC
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARL DAVID ACUFF

COUNSEL

10/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date