

N01467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

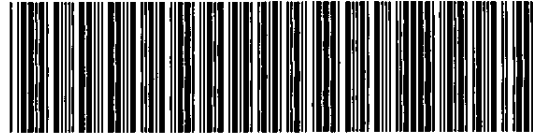
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RACER*

FEB 16 2012  
C. MUSTAIN

LAW OFFICES  
**WILLIAMS, SMITH & SUMMERS, P.A.**

380 WEST ALFRED STREET  
TAVARES, FLORIDA 32778-3298

CHRISTOPHER J. SMITH  
GARY L. SUMMERS  
ROBERT Q. WILLIAMS  
W. GRANT WATSON  
KAEELY SMITH FRYE

TELEPHONE:  
(352) 343-6655  
FAX (352) 343-4267

February 14, 2012

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re: Cornerstone Hospice & Palliative Care, Inc.**

Dear Sir:

Enclosed please find an original Articles of Amendment which changes the designation for Registered Agent for the above-referenced corporation, along with our firm's check in the amount of \$35.00 for the filing fee.

If you should have any questions or need further information, please contact me at 352-343-6655.

Sincerely,



Robert Q. Williams

RQW/clc

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cornerstone Hospice & Palliative Care, Inc.

2. The principal office address: 2445 Lane Park Road; Tavares, FL 32778

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/15/1984 Document number: N01467

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Patricia Lehotsky

2445 Lane Park Road

Tavares, Florida 32778-9660

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Q. Williams, Esquire

380 W. Alfred Street

P.O. Box NOT acceptable

Tavares, Floirda 32778

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

E. Edm. Clement  
Signature of an officer or director

Edward Clement, President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

1/25/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)