

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01467

FILED
Mar 09, 2012
Secretary of State

Entity Name: CORNERSTONE HOSPICE & PALLIATIVE CARE, INC.

Current Principal Place of Business:

2445 LANE PARK ROAD
TAVARES, FL 327789660 US

New Principal Place of Business:

Current Mailing Address:

2445 LANE PARK ROAD
TAVARES, FL 327789660 US

New Mailing Address:

FEI Number: 59-2330114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT Q
380 W. ALFRED STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CLEMENT, EDWARD
Address: 308 EAST FIFTH STREET
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S
Name: MOORE, JONE
Address: 1984 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: D
Name: MCKEE, ROBERT
Address: 7205 NORTH SHORE DRIVE
City-St-Zip: LEESBURG, FL 34788 US

Title: CEO
Name: MANRIQUE, MARY
Address: 3519 FAIRWAY LANE
City-St-Zip: ORLANDO, FL 32804 US

Title: CFO
Name: JONES, DAVID L
Address: 7802 LAKE ANDREA CIRCLE
City-St-Zip: MOUNT DORA, FL 32701 US

Title: TVP
Name: HOCKING, DALE
Address: 940 LAKE SHORE DRIVE, SUITE 200
City-St-Zip: THE VILLAGES, FL 32162 US

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: MARY MANRIQUE

CFO

03/09/2012

Electronic Signature of Signing Officer or Director

Date