

N1690004061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600284780916

04/20/16--01004--003 **87.50

APPROVE
AND
FILED

16 APR 20 PM 2:39 RECEIVED

SECRETARY OF STATE
TALLAHASSEE FLORIDA
16 APR 20 AM 7:46

CLERK OF THE
SUPERIOR COURT

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CORNERSTONE HEALTH SERVICES, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Karl David Acuff

Name (Printed or typed)

1615 Village Square Blvd., Suite 2

Address

Tallahassee, FL 32309

City, State & Zip

(850) 671-2644

Daytime Telephone number

choover@cshospice.org

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CORNERSTONE HEALTH SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2445 Lane Park Road
Tavares, FL 32778

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable purposes
within the meaning of Section 501(c)(3) of the Internal Revenue Code, and Chapter 617, Florida Statutes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Per Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James C. Novell, Chair

Address: Mid-Florida Eye Clinic
17560 US Hwy. 441
Mount Dora, FL 32757

Name and Title: Mark Starcher, Secretary/Treasurer

Address: Evergreen Construction Management
866 S. Duncan Drive (FL 19)
Tavares, FL 32778

Name and Title: Dr. Tige Buchanan, Director

Address: Buchanan Health Group
9836 Hwy 441
Leesburg, FL 34788

Name and Title: Robert P. Adrid, Vice Chair

Address: United Southern Bank
2701 S. Bay Street
Eustis, FL 32726

Name and Title: John Moore, Immediate Past Chair

Address: South Lake Hospital
1900n Don Wickham Drive
Clermont, FL 34711

Name and Title: Mollie Cunningham, Director

Address: Carver Middle School
1200 N. Beecher Street
Leesburg, FL 34748

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 20 PM 2:39

FILED

Name and Title: Don Hahnfeldt, Director
Address: 7375 Powell Road
Wildwood, FL 34785

Name and Title: Randy Mask, Director
Address: Sumter County Tax Collector
220 North Florida Street
Bushnell, FL 33513

Name and Title: Bob McKee, Director
Address: Lake County Tax Collector
P.O. Box 327
Tavares, FL 32778

Name and Title: Marlene O'Toole, Director
Address: Florida House of Representatives
916 Avenida Central
The Villages, FL 32159

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Q. Williams
Address: 380 W. Alfred Street
Tavares, FL 32778

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles O. Lee
Address: 2445 Lane Park Road
Tavares, FL 32778

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/15/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature of Registered Agent

3/30/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature of Incorporator

3/30/16
Date