

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000124470

**Entity Name:** CORNERSTONE HOME HEALTH CARE SERVICES INC.

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

840 111TH AVE  
SUITE 103  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

297 EAST NORTH AVENUE  
VILLA PARK, IL 60181 US

**New Mailing Address:**

FEI Number: 20-1556321      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORM-A-CORP LLC  
100 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410 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: D,P  
Name: CORDERO, EUNICE  
Address: 297 EAST NORTH AVENUE  
City-St-Zip: VILLA PARK, IL 60181 US

Title: D,VP  
Name: CORDERO, EDWIN  
Address: 297 EAST NORTH AVENUE  
City-St-Zip: VILLA PARK, IL 60181 US

Title: D,T  
Name: CORDERO, MARUJA  
Address: 297 EAST NORTH AVENUE  
City-St-Zip: VILLA PARK, IL 60181 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUNICE CORDERO

Electronic Signature of Signing Officer or Director

OWNE

01/20/2011

Date