

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043925

FILED
May 13, 2008
Secretary of State

Entity Name: CORNERSTONE FAMILY HEALTH CARE, INC.

Current Principal Place of Business:

1621 E. HILLCREST ST.
ORLANDO, FL 32803 US

New Principal Place of Business:

356 N CENTRAL AVE.
UMATILLA, FL 32784 US

Current Mailing Address:

1621 E. HILLCREST ST.
ORLANDO, FL 32803 US

New Mailing Address:

41843 ISLAND LAKE LANE
UMATILLA, FL 32784 US

FEI Number: 20-8678567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, JOHN M
1621 E HILLCREST ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

DIANGELIS, NICKOLAS G
41843 ISLAND LAKE LANE
UMATILLA, FL 32784 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: NICKOLAS G DIANGELIS

05/13/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARR, JOHN M
Address: 1621 E. HILLCREST ST.
City-St-Zip: ORLANDO, FL 32803 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIANGELIS, NICKOLAS
Address: 41843 ISLAND LAKE LANE
City-St-Zip: UMATILLA, FL 32784 US

Title: VP () Change (X) Addition
Name: DIANGELIS, STEPHANIE
Address: 41843 ISLAND LAKE LANE
City-St-Zip: UMATILLA, FL 32784 US

Title: TRE () Change (X) Addition
Name: DIANGELIS, STEPHANIE
Address: 41843 ISLAND LAKE LANE
City-St-Zip: UMATILLA, FL 32784 US

Title: SEC () Change (X) Addition
Name: DIANGELIS, NICKOLAS G
Address: 41843 ISLAND LAKE LANE
City-St-Zip: UMATILLA, FL 32784 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICKOLAS G DIANGELIS

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05/13/2008

Electronic Signature of Signing Officer or Director

Date