

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90001 034 ***150.00

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05112005 Chg-P CR2E034 (10/03)

DOCUMENT # P38505	
1. Entity Name CORNERSTONE HEALTH MANAGEMENT COMPANY	



Principal Place of Business ONE RAVINIA DRIVE SUITE 1500 ATLANTA, GA 30346 US	Mailing Address ONE RAVINIA DR STE 1500 ATLANTA, GA 30346
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2. Principal Place of Business 7600 Chevy Chase Dr. Suite, Apt. #, etc. Bldg. 2, Ste. 500 City & State Austin Zip 78752 Country Travis	3. Mailing Address One Ravinia Drive Suite, Apt. #, etc. Suite 1250 City & State Atlanta, GA 30346 Zip 30346 Country DeKalb
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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4. FEI Number 75-2339430	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRESS, MICHAEL ONE RAVINIA DR., STE 1500 ATLANTA, GA 30356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D GRUNSTEIN, HARRY M. ONE RAVINIA DR., STE. 1250 ATLANTA, GA 30346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STRAUB, WILLIAM ONE RAVINIA DR., STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CRESS, MICHAEL 7600 CHEVY CHASE DR., BLDG. 2, STE. 500 AUSTIN, TX 78752 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIELE, STEFANO ONE RAVINIA DR., STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/IT ROBINSON, DWIGHT 7600 CHEVY CHASE DR., BLDG. 2, STE. 500 AUSTIN, TX 78752 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ZUEGVEC, DARRELL ONE RAVINIA DR., STE. 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTRY, BOYD ONE RAVINIA DR., STE 2500 ATLANTA, GA 30346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DWIGHT ONE RAVINIA DR., STE 1500 ATLANTA, GA 30346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOPPMAN, BILLIE ANNE 7600 CHEVY CHASE DR., BLDG. 2, STE. 500 AUSTIN, TX 78752 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMS, WYNN ONE RAVINIA DR., STE 1500 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	5-25-05	678-443 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #