


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED


Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000015362 1. Entity Name CORNERSTONE HEALTH CARE SERVICES CORPORATION	
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Principal Place of Business 15310 AMBERLY DRIVE 110 TAMPA, FL 33647 US	Mailing Address 15310 AMBERLY DRIVE 110 TAMPA, FL 33647 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CUTLER, DANE W 15310 AMBERLY DRIVE, SUITE 110 TAMPA, FL 33647
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01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3300732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DPS
NAME	CUTLER, DANE W
STREET ADDRESS	15310 AMBERLY DR STE-110
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000012830
01/26/04-80027-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: <i>Dane W. Cutler</i> Dane W. Cutler 1/22/04 813-975-1157	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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