2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015362

Entity Name: CORNERSTONE HEALTH CARE SERVICES CORPORATION

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15310 AMBERLY DRIVE 5303 TECHNOLOGY DRIVE 110 TAMPA, FL 33647 US

TAMPA, FL 33647 US

Current Mailing Address: New Mailing Address:

15310 AMBERLY DRIVE 5303 TECHNOLOGY DRIVE 110 TAMPA, FL 33647 US

TAMPA, FL 33647 US

FEI Number: 59-3300732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CUTLER, DANE W
15310 AMBERLY DRIVE, SUITE 110
TAMPA, FL 33647 US

CUTLER, DANE W
5303 TECHNOLOGY DRIVE
TAMPA, FL 33647 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: 01/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition

 Name:
 CUTLER, DANE W
 Name:
 CUTLER, DANE W

 Address:
 15310 AMBERLY DR STE-110
 Address:
 5303 TECHNOLOGY DRIVE

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANE W CUTLER DPS 01/04/2005