

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000029287 (6)

1. Corporation Name

CORNERSTONE HEALTHCARE GROUP, INC.



Principal Place of Business

3843 SPYGLASS HILL ROAD  
SARASOTA FL 34238

Mailing Address

3843 SPYGLASS HILL ROAD  
SARASOTA FL 34238

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2477 STICKNEY POINT RD.

26 2477 STICKNEY POINT RD.

4. FEI Number

65-0578149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 323 B

27 SUITE 323 B

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34231

25 U.S.A.

29 34231

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMUNDSEN, PAUL H  
502 E. PARK AVE.  
TALLAHASSEE FL 32301

81 Name

Roger Hietbrink

82 Street Address (P.O. Box Number is Not Applicable)

2477 Stickney Point Rd, Ste 323B

83

84 City

Sarasota

FL

85

Zip Code  
34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Roger Hietbrink*

Roger Hietbrink

4/25/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
HIETBRINK, LUCINDA  
STREET ADDRESS  
3843 SPYGLASS ROAD  
CITY-ST-ZIP  
SARASOTA FL 34238

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VD  
HIETBRINK, ROGER  
STREET ADDRESS  
3843 SPYGLASS ROAD  
CITY-ST-ZIP  
SARASOTA FL 34238

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Roger Hietbrink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 14 96 941 925 5923

Date

Daytime Phone #

CR2E034 (12/95)