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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000029287 (6)

1. Corporation Name
CORNERSTONE HEALTHCARE GROUP, INC.

Principal Place of Business

2477 STICKNEY POINT RD
SUITE 323B
SARASOTA FL 34231
US

Mailing Address

2477 STICKNEY POINT RD
SUITE 323B
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

65-0578149

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 16511 Walnut Rail

Suite, Apt. #, etc

22 Chesterfield

City & State

23 Missouri

Zip

24 63005

Country

25 ST LOUIS

2a. Mailing Address

26 16511 Walnut Rail

Suite, Apt. #, etc

27 Chesterfield

City & State

28 Missouri

Zip

29 63005

Country

30 ST LOUIS

9. Name and Address of Current Registered Agent

HIETBRINK, ROGER
2477 STICKNEY POINT RD, STE 323B
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

16511 Walnut Rail
Chesterfield, MO 63005

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

16511 Walnut Rail
Chesterfield, MO 63005

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 from an attachment with an address.

SIGNATURE:

Log Hietbrink

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CR2E034 (10/97)