2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029287

Entity Name: CORNERSTONE HEALTHCARE GROUP, INC.

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
816 CONGRESS AVENUE SUITE 400 AUTIN, TX 78701 US			3819 COOPERS LAKE ROAD JACKSONVILLE, FL 32224 US		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
816 CONGRESS AVENUE SUITE 400 AUTIN, TX 78701 US			3819 COOPERS LAKE ROAD JACKSONVILLE, FL 32224 US		
FEI Number	: 65-0578149	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
3819 COC JACKSON The above		224 US	purpose of changing its registered	d office or registered agent, or both,	
	e of Florida.				
SIGNATUI	Electror	iic Signature of Registered Aલ g Trust Fund Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () HIETBRINK, LU 3819 COOPER JACKSONVILLI	S LAKE RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () HIETBRINK, RC 3819 COOPER JACKSONVILLI	S LAKE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROGER HIETBRINK PRES 02/21/2007