

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029287

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** CORNERSTONE HEALTHCARE GROUP, INC.

**Current Principal Place of Business:**

3819 COOPERS LAKE ROAD  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

9782 MIDSHIP WAY  
203  
WEST PALM BEACH, FL 33411 US

**Current Mailing Address:**

3819 COOPERS LAKE ROAD  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

9782 MIDSHIP WAY  
203  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 65-0578149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIETBRINK, ROGER R PRESIDE  
3819 COOPERS LAKE ROAD  
JACKSONVILLE, FL 32224 US

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

HIETBRINK, ROGER R PRESIDE  
9782 MIDSHIP WAY  
203  
WEST PALM BEACH, FL 33411 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:**

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** HIETBRINK, ROGER R  
**Address:** 9782 MIDSHIP WAY #203  
**City-St-Zip:** WEST PALM BEACH, FL 33411 US

I hereby 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 all other like empowered.

**SIGNATURE:** ROGER HIETBRINK

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date