## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

Principal Place of Business

P95000029287

Mailing Address

1. Entity Name

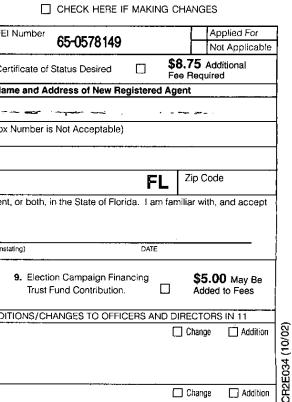
CORNERSTONE HEALTHCARE GROUP, INC.



3819 COOPERS LAKE RD 3819 COOPERS LAKE RD JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0578149 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIETBRINK, ROGER Street Address (P.O. Box Number is Not Acceptable) 3819 COOPERS LAKE ROAD JACKSONVILLE FL 32224 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE HIETBRINK, LUCINDA NAME NAME 3819 COOPERS LAKE RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP S

**FILED** Jan 23, 2003 8:00 am Secretary of State

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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 report or supplemental 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 10 or Block 11 if changed, or on an attachmen