

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01467

Entity Name: CORNERSTONE HOSPICE & PALLIATIVE CARE, INC.**Current Principal Place of Business:**2445 LANE PARK ROAD
TAVARES, FL 32778-9660**Current Mailing Address:**2445 LANE PARK ROAD
TAVARES, FL 32778-9660 US**FEI Number:** 59-2330114**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, ROBERT Q
380 W. ALFRED STREET
TAVARES, FL 32778 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name MCKEE, ROBERT
Address 7205 NORTH SHORE DRIVE
City-State-Zip: LEESBURG FL 34788

Title CHAIRMAN
Name ADRID, ROBERT P
Address 4141 LAKE FOREST
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name CUNNINGHAM, MOLLIE
Address 15045 WILLOW LANE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name O'TOOLE, MARLENE
Address 304 DEL MAR DRIVE
City-State-Zip: LADY LAKE FL 32162

Title CEO
Name LEE, CHARLES O
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778-9660

Title DIRECTOR
Name NOVELL, JAMES C
Address 32019 WOLF BRANCH LANE
City-State-Zip: SORRENTO FL 32776

Title DIRECTOR
Name MASK, RANDOLPH
Address 3432 S.E. 20TH LANE
City-State-Zip: SUMTERVILLE FL 33585

Title SECRETARY, TREASURER
Name TERRY, WENDY
Address 16623 APPALOOSA TRAIL
City-State-Zip: MONTVERDE FL 34756

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES O. LEE**PRESIDENT AND CEO****01/24/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title COO
Name WHITE, RHONDA
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778-9660

Title DIRECTOR
Name NAGEL, MERIDETH
Address 450 E. HWY 50
SUITE 4
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name KEIBER, SCOTT
Address 15701 HIGHWAY 50
SUITE 2014
City-State-Zip: CLERMONT FL 34711

Title CFO
Name WEBB, TODD
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778

Title VC
Name STARCHER, MARK
Address 866 S. DUNCAN DRIVE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name TALLMAN, ANN
Address 2285 PARR DRIVE
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name BUCHANAN, TIGE
Address 19751 ELDORADO DRIVE
City-State-Zip: EUSTIS FL 32726