2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01467

Entity Name: CORNERSTONE HOSPICE & PALLIATIVE CARE, INC.

FILED Feb 14, 2013 **Secretary of State** CC1157103460

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:

MOUNT DORA FL 32701

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	DIRECTOR	Title	PRESIDENT
Name	CLEMENT, EDWARD	Name	MOORE, JOHN

1984 BRANTLEY CIRCLE Address 308 EAST FIFTH AVENUE Address City-State-Zip: CLERMONT FL 34711 City-State-Zip: MOUNT DORA FL 32757

Title CFO Title

Name LEE, CHARLES O MCKEE, ROBERT Name

Address 2445 LANE PARK ROAD Address 7205 NORTH SHORE DRIVE City-State-Zip: TAVARES FL 32778-9660 City-State-Zip: LEESBURG FL 34788

Title **TREASURER** CFO Title

Name ADRID, ROBERT P Name JONES. DAVID L 4141 LAKE FOREST Address Address 7802 LAKE ANDREA CIRCLE City-State-Zip: MOUNT DORA FL 32757

Title **SECRETARY** Title VC

Name FARMER, WILLIAM O SHERIFF Name NOVELL, JAMES C 1010 NORTH MAIN STREET Address Address 32019 WOLF BRANCH LANE

City-State-Zip: BUSHNELL FL 33513 SORRENTO FL 32776 City-State-Zip:

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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.

02/14/2013 SIGNATURE: JOHN MOORE **CHAIR**

Officer/Director Detail Continued:

Title DIRECTOR

Name CARDELLO, DEBORAH
Address 17833 SE 120TH COURT
City-State-Zip: SUMMERFIELD FL 34491

Title DIRECTOR

Name ELISCU, ANDREA T Address P.O. BOX 547478

City-State-Zip: ORLANDO FL 32854

Title DIRECTOR

Name GRAFF, MARK J.

Address 1944 BRANTLEY CIRCLE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR

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

Title DIRECTOR

Name STONE, LEWIS W
Address 2616 VILLA WAY
City-State-Zip: EUSTIS FL 32726

Title COO

Name MANRIQUE, MARY M
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778-9660

Title DIRECTOR

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

Title DIRECTOR
Name ELLIS, SETH

Address 34041 PARKVIEW AVENUE

City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name MASK, RANDY

Address 3432 S.E. 20TH LANE
City-State-Zip: SUMTERVILLE FL 33585

Title DIRECTOR

City-State-Zip:

Name ROBISON, SANDY
Address 1704 PARADISE DRIVE

Title DIRECTOR

Name TERRY, WENDY

Address 16623 APPALOOSA TRAIL City-State-Zip: MONTVERDE FL 34756

KISSIMMEE FL 34741