2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2014
Secretary of State
CC2833244976

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	CLEMENT, EDWARD
Address	308 EAST FIFTH AVENUE
City-State-Zip:	MOUNT DORA FL 32757

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

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

Title	SECRETARY
Name	FARMER, WILLIAM O SHERIFF
Address	1010 NORTH MAIN STREET
City-State-Zip:	BUSHNELL FL 33513

Title	PRESIDENT
Name	MOORE, JOHN
Address	1984 BRANTLEY CIRCLE
City-State-Zip:	CLERMONT FL 34711

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

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

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

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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: JOHN MOORE PRESIDENT 01/16/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

Title	DIRECTOR
Name	ALEXANDER, JOSEPH N
Address	308 E. FIFTH STREET
City-State-Zip:	MOUNT DORA FL 32757

Title	DIRECTOR
Name	ELISCU, ANDREA T
Address	P.O. BOX 547478
City-State-Zip:	ORLANDO FL 32854

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

Title	DIRECTOR
Name	ROBISON, SANDY
Address	1704 PARADISE DRIVE
City-State-Zip:	KISSIMMEE FL 34741

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