2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01467

Entity Name: CORNERSTONE HOSPICE & PALLIATIVE CARE, INC.

FILED Jan 08, 2019 **Secretary of State** 2510094270CC

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:

ACUFF, KARL DAVID 1615 VILLAGE SQUARE BLVD. SUITE 2 TALLAHASSEE, FL 32309 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: KARL D. ACUFF 01/08/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title CEO

Name HAGE, CANDICE Name LEE. CHARLES O

Address 2210 CR 202 Address 2445 LANE PARK ROAD City-State-Zip: TAVARES FL 32778-9660 City-State-Zip: OXFOR FL 34484

Title DIRECTOR Title OTHER, IMMEDIATE PAST CHAIR

NOVELL, JAMES C Name Name ADRID, ROBERT P

Address 32019 WOLF BRANCH LANE Address 4141 LAKE FOREST

City-State-Zip: SORRENTO FL 32776 MOUNT DORA FL 32757 City-State-Zip:

Title DIRECTOR Title DIRECTOR

MASK, RANDOLPH Name Name HUSSEIN, MAEN DR. 3432 S.E. 20TH LANE Address Address 4100 WATERMAN WAY

City-State-Zip: SUMTERVILLE FL 33585 City-State-Zip: TAVARES FL 32778

Title COO Title SECRETARY, TREASURER

Name WHITE, RHONDA Name TERRY, WENDY

Address 2445 LANE PARK ROAD Address 16623 APPALOOSA TRAIL City-State-Zip: TAVARES FL 32778-9660

MONTVERDE FL 34756 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.

01/08/2019 SIGNATURE: CHARLES O LEE PRESIDENT AND CEO

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title CHAIRMAN Title DIRECTOR

NameSTARCHER, MARKNameNAGEL, MERIDETHAddress866 S. DUNCAN DRIVEAddress450 E. HWY 50

City-State-Zip: TAVARES FL 32778

City-State-Zip: CLERMONT FL 34711

Title DIRECTOR

Name TALLMAN, ANN Name KEIBER, SCOTT
Address 2285 PARR DRIVE Address 15701 HIGHWAY 50

City-State-Zip: THE VILLAGES FL 32162 SUITE 2014

City-State-Zip: CLERMONT FL 34711
Title DIRECTOR

Name BUCHANAN, TIGE Title CFO

Address 19751 ELDORADO DRIVE Name WEBB, TODD

City-State-Zip: EUSTIS FL 32726 Address 2445 LANE PARK ROAD

City-State-Zip: TAVARES FL 32778