

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004061

Entity Name: CORNERSTONE HEALTH SERVICES, INC.**Current Principal Place of Business:**2445 LANE PARK RD
TAVARES, FL 32778**Current Mailing Address:**2445 LANE PARK RD
TAVARES, FL 32778 US**FEI Number:** 61-1798762**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACUFF, KARL D. ESQ.
LAW OFFICES OF KARL DAVID ACUFF
1615 VILLAGE SQUARE BOULEVARD SUITE 2
TALLAHASSEE, FL 32309-2770 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

02/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NOVELL, JAMES C
Address 17560 US HWY 441
City-State-Zip: MOUNT DORA FL 32575

Title DIRECTOR
Name ADRID, ROBERT P
Address 2701 S BAY ST
City-State-Zip: EUSTIS FL 32726

Title CHAIRMAN
Name STARCHER, MARK
Address 30941 SUNEAGLE DRIVE
City-State-Zip: MOUNT DORA FL 32757

Title SECRETARY, TREASURER
Name BUCHANAN, TIGE DR
Address 9836 HWY 441
City-State-Zip: LEESBURG FL 34788

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

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

Title VC
Name TERRY, WENDY
Address WITHUMSMITH+BROWN, PC
189 S. ORANGE AVE., STE. 1150
City-State-Zip: ORLANDO FL 33801

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

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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 ORIS LEE

PRESIDENT AND CEO

02/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MASK, RANDOLPH
Address 220 NORTH FLORIDA STREET
City-State-Zip: BUSHNELL FL 33513

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

Title DIRECTOR
Name HAGE, CANDICE
Address 2210 CR 202
City-State-Zip: OXFORD FL 34484

Title DIRECTOR
Name NAGEL, MERIDETH
Address 450 EAST HIGHWAY 50
SUITE 4
City-State-Zip: CLERMONT FL 34711

Title CFO
Name WEBB, TODD
Address 2245 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name HUSSEIN, MAEN DR.
Address 4100 WATERMAN WAY
City-State-Zip: TAVARES FL 32778