

2025 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:**12470 TELECOM DRIVE, SUITE 301
ATTN: LEGAL
TEMPLE TERRACE, FL 33637 US**FEI Number:** 61-1798762**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLOSKY, ANDREW K
12470 TELECOM DRIVE. SUITE 301
TEMPLE TERRACE, FL 33637 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 HOWELL, MICHAEL DR.
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

Title VC, DIRECTOR
Name CHASE, THOMAS
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name KAMUS, TONY
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

Title CHAIRMAN, DIRECTOR
Name BUCHANAN, TIGE DR
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

Title CEO, DIRECTOR
Name MOLOSKY, ANDREW
Address 12470 TELECOM DRIVE, SUITE 301
ATTN: LEGAL
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, PRESIDENT, HOSPICE &
PACE
Name WHITE, RHONDA
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name TERRY, WENDY
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

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

Continues on page 2

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: CRYSTAL BUCCIARELLI

VP, LEGAL SERVICES

04/07/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CHIEF MEDICAL OFFICER, DIRECTOR
Name FRIEDMAN, TARA
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778-9660

Title VP, LEGAL SERVICES
Name BUCCIARELLI, CRYSTAL I
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title COO, HOSPICE, DIRECTOR
Name D'AURIA, JASON
Address 2445 LANE PARK ROAD
City-State-Zip: TAVARES FL 32778

Title CHIEF COMPLIANCE OFFICER
Name ZOLMAN, VALERIE
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name NAILOS, HEATH
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778