

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000006846

**Entity Name:** CORNERSTONE PSYCHIATRIC SERVICES, INC.

**Current Principal Place of Business:**

1790 E VENICE AVE  
SUITE 204  
VENICE, FL 34292

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC6746595158**

**Current Mailing Address:**

1790 E VENICE AVE  
SUITE 204  
VENICE, FL 34292 UN

**FEI Number: 48-1295471**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALTERS, JOEL W ESQUIRE  
1819 MAIN STREET - SUITE 1110  
SARASOTA, FL 34236 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 PD  
Name DONAHUE, DAVID M  
Address 5100 JESSIE HARBOR DR UNIT 704  
City-State-Zip: OSPREY FL 34229

Title STD  
Name FAWKS, DAVID R  
Address 5376 DOMINICA CIR  
City-State-Zip: SARASOTA FL 34233

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID M DONAHUE**

**PRESIDENT**

**02/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date