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 DONAHUE

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: SARASOTA FL 34233

PRESIDENT

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

Detail /**-** · .

Officer/Director Detail :			
Title	PD	Title	STD
Name	DONAHUE, DAVID M	Name	FAWKS, DAVID R
Address	1241 SCHOONER LANE	Address	5376 DOMINICA CIR
City-State-Zip:	VENICE FL 34285	City-State-Zip:	SARASOTA FL 34233

Entity Name: CORNERSTONE PSYCHIATRIC SERVICES, INC.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1790 E VENICE AVE SUITE 204 VENICE, FL 34292

Current Mailing Address:

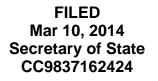
DOCUMENT# P0300006846

1790 E VENICE AVE SUITE 204 VENICE, FL 34292

FEI Number: 48-1295471

Name and Address of Current Registered Agent:

THOMISON, JAMES E 1819 MAIN STREET - SUITE 1110 SARASOTA, FL 34236 US



03/10/2014

Date

Certificate of Status Desired: No