


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90493 036 ***150.00

DOCUMENT # P03000072452

1. Entity Name
CORNERSTONE CLINICAL ASSESSMENT, INC.



Principal Place of Business Mailing Address
2404 SHALLEY DRIVE **2404 SHALLEY DRIVE**
TALLAHASSEE, FL 32309 **TALLAHASSEE, FL 32309**

2. Principal Place of Business 3. Mailing Address
7882 Reynolds Court **6753 Thomasville Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A **Suite 108**

City & State City & State
Tallahassee, FL **Tallahassee FL**
 Zip Zip Country Country
32312 **32312** **Leon** **Leon**

04212004 Chg-P CR2E034 (10/03)



4. FEI Number Applied For
38-3684328 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUCKER, CHERYL KNIGHT
7886 REYNOLDS COURT
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOODY, LISA PARKER LCSW	
STREET ADDRESS	2404 SHALLEY DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUSERMAN, CORENE CREE LCSW	
STREET ADDRESS	2404 SHALLEY DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Corene Cree Bauserman* **Corene Cree Bauserman** Director Date: **4-22-04** Daytime Phone #: **850/445-5533**