


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 021 ***150.00

DOCUMENT # P03000072452
 1. Entity Name
CORNERSTONE CLINICAL ASSESSMENT, INC.



Principal Place of Business 7882 REYNOLDS COURT TALLAHASSEE, FL 32312	Mailing Address 6753 THOMASVILLE ROAD SUITE 108 TALLAHASSEE, FL 32312
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50007073



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3684328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 _____ DATE _____

(Signature, typed or printed name of registered agent and title, if applicable. (If FEI: Registered Agent signature required when contributing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOODY, LISA PARKER LCSW 2404 SHALLEY DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUSERMAN, CORENE CREE LCSW 2404 SHALLEY DRIVE TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE

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* 1/24/05 850/445-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING