

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072452

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: CORNERSTONE CLINICAL ASSESSMENT, INC.

**Current Principal Place of Business:**

219 DELTA CT  
SUITE B  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

219 DELTA CT  
SUITE B  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 38-3684328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TUCKER, CHERYL KNIGHT  
7886 REYNOLDS COURT  
TALLAHASSEE, FL 32312      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MOODY, LISA PARKER LCSW  
Address: 2404 SHALLEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D      ( ) Delete  
Name: BAUSERMAN, CORENE CREE LCSW  
Address: 7882 REYNOLDS CT  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA PARKER MOODY

D

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date