

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072452

FILED
Mar 11, 2011
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:

SMITH, ANNA
7885 MACLEAN ROAD
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

OFFICERS AND DIRECTORS:

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

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

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: LISA P. MOODY

D

03/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date