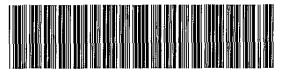
# P03000012452

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700020873967

07/01/03--01039--009 \*\*70.00 .

DIVISION OF COMPORATIONS

03 JUL - 1 AM 11:47



OR al

# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Corn	erstone Clinical Assessmen		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM: Li	sa Parker Moody		
	Name	(Printed or typed)	
	2404 Shalley Drive		·
		Address	
	Tallahassee, Florida 3230		
	City,	State & Zip	
	(850) 942-7037		
	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# ARTICLE I NAME

The name of the corporation shall be: Comerstone Clinical Assessment, Inc.



#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2404 Shalley Drive
Tallahassee, Florida 32309

mailing address: 6753 Thomasville Road, Suite 108 Tallahassee, Florida 32312

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct social work/clinical assessments

#### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Lisa Parker Moody, LCSW Corene Cree Bauserman, LCSW

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Cheryl Knight Tucker 7886 Reynolds Court Tallahassee, Florida 32312

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Parker Moody 2404 Shalley Drive Tallahassee, Florida 32309

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

C/25/03

Signature/Incorporator

Date

10/25/03

C/25/03

Date