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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUL -1 AM 11:47

RECEIVED  
03 JUL -1 PM 11:30  
LETTERS OF NOTIFICATION  
TALLAHASSEE, FLORIDA

Handwritten initials

## TRANSMITTAL LETTER

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

**SUBJECT:** Cornerstone Clinical Assessment, Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee  
& Certificate of Status

\$78.75 Filing Fee  
& Certified Copy  
 \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Lisa Parker Moody

Name (Printed or typed)

2404 Shalley Drive

Address

Tallahassee, Florida 32309

City, State & Zip

(850) 942-7037

Daytime Telephone 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)

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS  
03 JUL -1 AM 11:

**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 name and Florida street address 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*

Cheryl Tucker  
Signature/Registered Agent

6/25/03  
Date

Lisa P. Moody  
Signature/Incorporator

6/25/03  
Date