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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:
Cornerstone 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