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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

Donna L. Donati, Psy. D.

*5710 Melaleuca Drive
Holiday, Florida 34690*

Phone: 727-942-7910

Clinical Psychologist

February 24, 2004

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

**RE: Incorporation of
 Sole Proprietorship Business**

Dear Sir or Madam:

Enclosed are an original and one (1) copy of the Articles of Incorporation to incorporate my sole proprietorship business as **Donna L. Donati, Psy. D., P.A.**

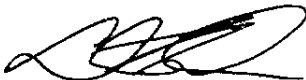
I have also enclosed my check in the amount of \$87.50 for the filing fee, certified copy, and certificate of status.

My address is:

**Donna L. Donati
5710 Melaleuca Drive
Holiday, Florida 34690**

Please contact me if you need additional information.

Sincerely yours,



Donna L. Donati

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:
DONNA L. DONATI, PSY. D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
**5710 Melaleuca Drive
Holiday, Florida 34690**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The purpose of this corporation is to engage in a clinical psychologist business.

ARTICLE IV SHARES

The number of shares of stock is:
100 Shares of Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS

The names and address of the officer/director are:
**Donna L. Donati
5710 Melaleuca Drive
Holiday, Florida 34690**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent are:
**Donna L. Donati
5710 Melaleuca Drive
Holiday, Florida 34690**

ARTICLE VII INCORPORATOR

The name and address of the incorporator are:
**Donna L. Donati
5710 Melaleuca Drive
Holiday, Florida 34690**

.....
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.



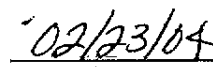
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA