

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000040159

**Entity Name:** DONNA L. DONATI, PSY. D., P.A.

**Current Principal Place of Business:**

649 HEATHERWOOD CT  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

649 HEATHERWOOD CT  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 20-0863125

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DONATI-WADDELL, DONNA L  
649 HEATHERWOOD CT  
TARPON SPRINGS, FL 34688 US

*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

**Officer/Director Detail :**

Title DR  
Name DONATI-WADDELL, DONNA L  
Address 649 HEATHERWOOD COURT  
City-State-Zip: TARPON SPRINGS FL 34688

*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:** DONNA L DONATI-WADDELL

**OWNER**

**03/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date