

PO3000156369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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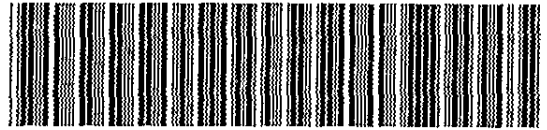
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

03 DEC 24 PM 1:44

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1003-36755  
12/24/03

ORIGINAL

TRANSMITTAL LETTER

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

SUBJECT: DAWN M. REILLY, PSY.D., P.A.  
(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: DAWN M. REILLY, PSY.D.  
Name (Printed or typed)  
817 S. UNIVERSITY DR., STE 121  
Address  
PLANTATION, FL 33324  
City, State & Zip  
(954) 993-3838  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 5, 2003

DAWN M. REILLY, PSY.D  
817 S. UNIVERSITY DR., STE 121  
PLANTATION, FL 33324

SUBJECT: DAWN M. REILLY, PSY.D., P.A.  
Ref. Number: W03000036755

We have received your document for DAWN M. REILLY, PSY.D., P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Stacy Prather  
Document Specialist Supervisor  
New Filings Section

Letter Number: 803A00065541

**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:

DAWN M. REILLY, PSY.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

817 S. UNIVERSITY DR., STE. 121  
FOUNTAINS MEDICAL PLAZA, PLANTATION, FL 33324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

~~PERSONAL BUSINESS~~ LICENSED PSYCHOLOGIST  
IN PRIVATE PRACTICE RENDERING PSYCHOLOGICAL SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

DAWN M. REILLY, PSY.D., P.A.  
LICENSED PSYCHOLOGIST  
817 S. UNIVERSITY DR., STE. 121  
PLANTATION, FL 33324

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 24 PM 1:44

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Dawn M Reilly, Psy.D.  
817 South University Drive  
Ste 121  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dawn M Reilly, Psy.D.  
817 South University Drive  
Ste 121  
Plantation, FL 33324

\*\*\*\*\*

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

SEE BELOW

Signature/Registered Agent

*Dawn M Reilly*

Signature/Incorporator/Registered Agent

Date

11/24/03

Date