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COVER LETTER

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

SUBJECT: Don	na Duval P. A.		
	(PROPOSED CORPORA	TE NAME <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
570.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status DPY REQUIRED
FROM: _C	onna Duval	(Printed or typed)	
	Name	(гинеа ог уреа)	
	8 Tremerton Street		
	_	Address	
	St. Augustine, FL 32084	State & Zip	
	904 563-3323	elephone number	
	200,0000		

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

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 Duval, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8 Tremerton St.

St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

conduct business as a clinical research monitor

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Donna Duval, RN, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DONINA DUVAL

8 TREMERTON ST. ST. AUGUSTINE FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA DUVAL

8 TREMERTON ST.

ST. AUGUSTINE FL

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

Date 12, 2007