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March 20, 2009

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Family & Forensic Psychiatry, P.L.**

Dear Sir or Madam:

I am enclosing the original and one copy of the articles of organization of Family & Forensic Psychiatry, P.L., together with a check for the filing fee and a certified copy of the articles of organization. This limited liability company is a professional service limited liability company organized pursuant to Fla. Stat. §621.051.

Please return the certified copy and filing acknowledgment to the undersigned at the address indicated above.

Thank you for your assistance.

Very truly yours,

SCRUGGS & CARMICHAEL, P.A.

By:

  
Charles W. Littell

CWL: cwl  
Enclosures  
cc: Susan Tran, MD (without encl.)

**ARTICLES OF ORGANIZATION OF  
FAMILY & FORENSIC PSYCHIATRY, P.L.**

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1. **Name:** The name of the limited liability company is Family & Forensic Psychiatry, P.L.

2. **Existence:** The limited liability company shall have perpetual existence, which shall commence upon the filing of these articles with the Secretary of State.

3. **Location:** The principal office of the limited liability company is located at 1026 SW 2<sup>nd</sup> Ave. – Suite C, Gainesville, FL 32601.

4. **Purpose:** The purpose for which the limited liability company is organized is the practice of psychiatry.

5. **Restriction on Ownership and Transfer of Membership Interests:** No membership interest may be owned by or transferred to any person who is not a doctor of medicine duly licensed by the State of Florida to practice psychiatry.

6. **Registered Office and Registered Agent:** The street address in the State of Florida of the initial registered office of the limited liability company is 1026 SW 2<sup>nd</sup> Ave. – Suite C, Gainesville, FL 32601 and the name of its initial registered agent at such address is Susan Tran, M.D.

7. **Management:** The limited liability company shall be managed by its members. The name and address of the initial managing member is:

Susan Tran, M.D.  
PO Box 140909  
Gainesville, FL 32614


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IN WITNESS WHEREOF, as a member of the limited liability company, I have executed these articles of organization on March 16, 2009, and caused them to be filed with the Florida Secretary of State.

  
\_\_\_\_\_  
Susan Tran, M.D.

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I thither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent:   
\_\_\_\_\_  
Susan Tran, M.D.