

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000028544

FILED
Jan 04, 2011
Secretary of State

Entity Name: FAMILY & FORENSIC PSYCHIATRY, P.L.

Current Principal Place of Business:

4965 SW 91ST TERRACE, SUITE A
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4965 SW 91ST TERRACE, SUITE A
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 26-4670657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAN, SUSAN MD
4965 SW 91ST TERRACE, SUITE A
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TRAN, SUSAN MD
Address: PO BOX 140909
City-St-Zip: GAINESVILLE, FL 32614

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUSAN TRAN,MD

MGRM

01/04/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date