

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028544

**FILED**  
**Mar 13, 2012**  
**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

PRES

03/13/2012

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