

L98000000141

**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

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

**SUBJECT:** Palm Beach Psychiatry

Enclosed is an original and one (1) copy.

400002417454--8  
-01/30/98-01070--001  
\*\*\*\*285.00 \*\*\*\*285.00

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgment will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

**FROM:** Dr. Mark Agresti  
2151 45th St., Suite 207  
West Palm Beach, FL 33407  
561-852-9550

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98 JAN 30 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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W. P. Verifier	DOC

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Palm Beach Psychiatry, L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Palm Beach Psychiatry, L.C.  
2151 45th Street, Suite 207  
West Palm Beach, FL 33407

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

**(check and complete the appropriate statement)**

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Dr. Serge Thys  
2151 45th Street, Suite 110  
West Palm Beach, FL 33407

Dr. Ginette Dreyfuss  
2151 45th Street, Suite 110  
West Palm Beach, FL 33407

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Dr. Franz Lubin  
2151 45th Street, Suite 110  
West Palm Beach, FL 33407

Dr. Mark Agresti  
2151 45th Street, Suite 207  
West Palm Beach, FL 33407

#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members may admit additional members by unanimous consent of the members.

#### **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members of the LLC may continue to operate with the unanimous written consent of all the members executed within 75 days after the disassociation of a member.

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## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

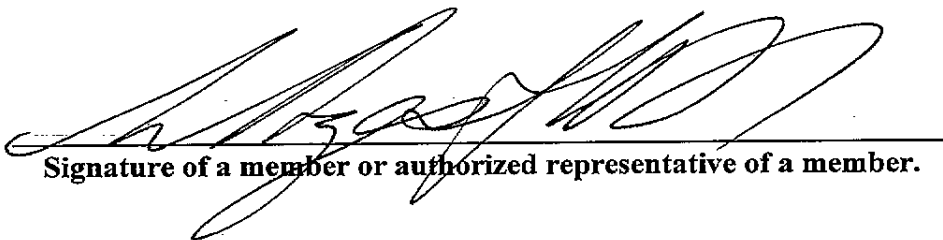
The undersigned member or authorized representative of a member of Palm Beach Psychiatry, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$4,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is

A description of the property is attached and made a part hereto.

- 4) the amount of cash or property anticipated to be contributed by member(s) is \$500,000  
This total includes amounts from 2 and 3 above.

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Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

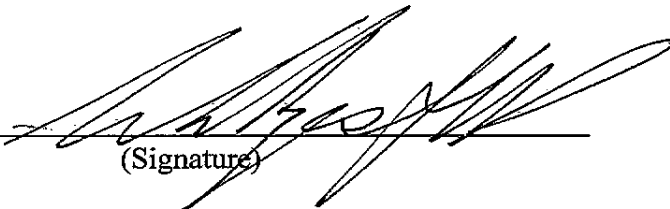
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Palm Beach Psychiatry, L.C.
2. The name and address of the registered agent and office is:

Dr. Mark Agresti  
2151 45th Street, Suite 207  
West Palm Beach, FL 33407

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*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 further 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)

1/22/98  
(Date)

**Filing Fee: \$35 for Designation of Registered Agent**