

A12000000845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

W12-58895

(Business Entity Name)

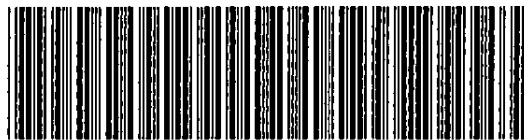
(Document Number)

Certified Copies _____ Certificates of Status _____

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855/717/671

Office Use Only



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11/21/12--01018--022 **1000.00

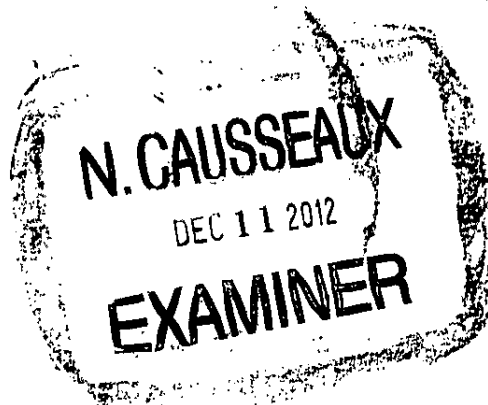
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LP

A12-845

STATE
TALLAHASSEE, FLORIDA

12 DEC 06 AM 9:34

41.50



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gregory A. Parr, M.D. Family Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Penny King Every
Contact Person

Jeffrey C. Sweet, Esquire
Firm/Company

595 W. Granada Blvd., Suite A
Address

Ormond Beach, FL 32174
City, State and Zip Code

jcs Penny@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny King Every at (386) 677-3431
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2012

PENNY KING EVERY
JEFFREY C. SWEET, ESQUIRE
595 W. GRANADA BLVD., SUITE A
ORMAND BEACH, FL 32174

SUBJECT: GREGORY A. PARR, M.D. FAMILY LIMITED PARTNERSHIP
Ref. Number: W12000058895

We have received your document for GREGORY A. PARR, M.D. FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 912A00028100

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
12 DEC 06 AM 9:34
STATE
TALLAHASSEE, FLORIDA

1. Gregory A. Parr, M.D. Family Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 300 Clyde Morris Blvd., Ormond Beach, FL 32174

(Street address of initial designated office)

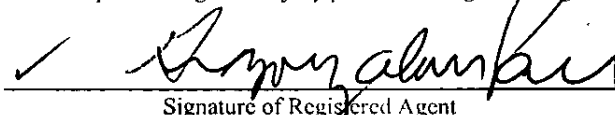
3. Gregory A. Parr, M.D.

(Name of Registered Agent for Service of Process)

4. 300 Clyde Morris Blvd., Ormond Beach, FL 32174

(Florida street address for Registered Agent)

5. *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 relative 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

6. 300 Clyde Morris Blvd., Ormond Beach, FL 32174

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:

Business Address:

GAPMD, INC.

P12-99813

300 Clyde Morris Blvd.

Ormond Beach, FL 32174

FILED
12 DEC 06 AM 9:34
TALLAHASSEE, FLORIDA

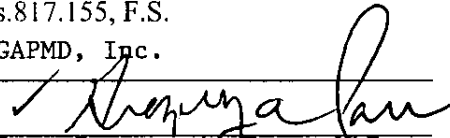
9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 20th day of November, 2012.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GAPMD, Inc.


By: Gregory A. Parr, M.D.
President

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75