

**A13000000064**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

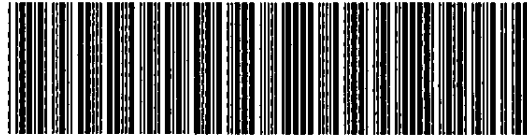
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100244237321

02/04/13--01015--010 \*\*1052.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 FEB -4 AM 8:46

C. LEWIS  
FEB -5 2013  
EXAMINER

***PULLUM & PULLUM, P.A.***  
***ATTORNEYS AND COUNSELORS AT LAW***

J. STEPHEN PULLUM  
MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS  
1330 CITIZENS BLVD.  
LEESBURG, FLORIDA 34748

TELEPHONE: (352) 728-3060

FAX: (352) 728-0003

Writer's E-mail: [sandy@pullumlaw.com](mailto:sandy@pullumlaw.com)

January 31, 2013

Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: Jeffrey D. Baumann Medical Trust FLP**

Gentlemen:

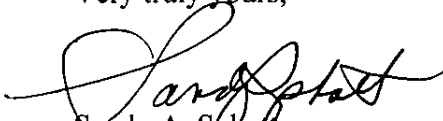
Find enclosed our firm's check in the amount of \$1,052.50 to cover the following fees of your office.

Filing Charter	\$965.00
Certification of Charter	\$52.50
Filing Resident Agent Form	\$35.00

We enclose the original and two copies of the Certificate of Limited Partnership of this proposed FLP, with executed resident agent form. Please endorse your approval on the copies, certify one copy and return the copies to us, together with acknowledgment of filing of resident agent.

Thank you for your attention to the above.

Very truly yours,

  
Sandy A. Schatt  
Legal Assistant

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JEFFREY D. BAUMANN MEDICAL TRUST 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:

J. STEPHEN PULLUM, ESQ.

Contact Person

PULLUM & PULLUM, P.A.

Firm/Company

1330 CITIZENS BLVD., SUITE 701

Address

LEESBURG, FL 34748

City, State and Zip Code

jeffdb1@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. STEPHEN PULLUM, ESQ. at ( 352 ) 728-3060

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$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

CR25030 (01/06)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2013 FEB -4 AM 8:46

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

1. JEFFREY D. BAUMANN MEDICAL TRUST 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. 17560 W. HIGHWAY 441

(Street address of initial designated office)

MT. DORA, FL 32757

3. JEFFREY D. BAUMANN

(Name of Registered Agent for Service of Process)

4. 17560 W. HIGHWAY 441

(Florida street address for Registered Agent)

MT. DORA, FL 32757

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. 17560 W. HIGHWAY 441

(Mailing address of initial designated office)

MT. DORA, FL 32757

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 FEB -4 AM 8:46

## 8. Name and business address of each general partner:

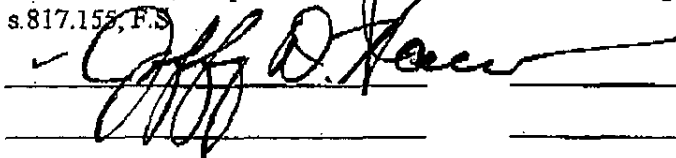
Name:Business Address:JEFFREY D. BAUMANN17560 W. HIGHWAY 441MT. DORA, FL 32757

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 31<sup>st</sup> day of January, 2013

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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2