

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVE
AND
FILED

02 APR 15 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001591

1. Entity Name

DOCTORS GI PARTNERSHIP, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8249 Devereux Drive

3. Mailing Address
8249 Devereux Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
Melbourne, Florida

City & State
Melbourne, FL

4. FEI Number
593758988

Applied For
Not Applicable

Zip
32940

Country
U.S.A.

Zip
32940

Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Philip F. Nohrr, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1800 W. Hibiscus Boulevard, Suite 138

City Melbourne FL Zip Code 32901

8. 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 

3/29/02

Signature, typed or printed name of registered agent and title if applicable. Philip F. Nohrr, Esq.

DATE

9. Capital Contributions as Shown on record. \$990,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$990,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000109327
NAME Physicians GI Partnership, Inc.
STREET ADDRESS 8249 Devereux Drive
CITY-ST-ZIP Melbourne, FL 32940

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

7000005309097 9
-04/22/02--01004--027
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS


CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

3/29/02 (321) 725-4500

1 CR2E003B (12/01)