

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000001591

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Entity Name:** DOCTORS GI PARTNERSHIP, LTD.

**Current Principal Place of Business:**

1035 S APOLLO BLVD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

1251 S. HICKORY STREET  
SUITE K  
MELBOURNE, FL 32901

**Current Mailing Address:**

1035 S APOLLO BLVD  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 59-3758988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOHRR, PHILIP F ESQ.  
1800 W. HIBISCUS BLVD., STE. 138  
MELBOURNE, FL 32901 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

**GENERAL PARTNER INFORMATION:**

Document #: P00000109327  
Name: PHYSICIANS GI PARTNERSHIP, INC.  
Address: 1035 S APOLLO BLVD  
City-St-Zip: MELBOURNE, FL 32901

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: PHYSICIANS GI PARTNERSHIP, INC.

\_\_\_\_\_ Electronic Signature of Signing General Partner

01/30/2008

\_\_\_\_\_ Date