

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000001591

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1051 S. HICKORY STREET  
SUITE K  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1051 S. HICKORY STREET  
SUITE K  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-3758988      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NOHRR, PHILIP F ESQ.  
1795 WEST NASA BLVD.  
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 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: JOSEPH A. GURRI, P OF PHYSICIANS GI PARTNE      P

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

02/14/2012

\_\_\_\_\_ Date