

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAR 10 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008762 AT

DOCUMENT # **A01000001591**



1. Entity Name
DOCTORS GI PARTNERSHIP, LTD.

Principal Place of Business
**8249 DEVEREUX DRIVE
MELBOURNE FL 32940**

Mailing Address
**8249 DEVEREUX DRIVE
MELBOURNE FL 32940**



2. Principal Place of Business

3. Mailing Address
6450 U.S. Highway 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
Rockledge, FL

4. FEI Number **59-3758988**

Applied For
Not Applicable

Zip

Country

Zip
32955

Country
USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contributions in FLORIDA to date. **\$ 990,000**

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000109327**
NAME **PHYSICIANS GI PARTNERSHIP, INC.**
STREET ADDRESS **8249 DEVEREUX DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

STREET ADDRESS **6450 U.S. Highway 1**
CITY-ST-ZIP **Rockledge, FL 32955**

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CITY-ST-ZIP

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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature] **2/10/03**
Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE