

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001591

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

**Current Principal Place of Business:**

1051 S. HICKORY STREET  
SUITE K  
MELBOURNE, FL 32901

**Current Mailing Address:**

1051 S. HICKORY STREET  
SUITE K  
MELBOURNE, FL 32901

**FEI Number:** 59-3758988

**Certificate of Status Desired:** Yes

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

NOHRR, PHILIP FESQ.  
1795 WEST NASA BLVD.  
MELBOURNE, FL 32901 US

*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 Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GITA A. KOSHY, PRES.OF GENERAL PARTNER  
PHYSICIANS GI PARTNERSHIP, INC.

**PRESIDENT**

**04/22/2016**

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

\_\_\_\_\_  
Date