

2017 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: DREW RECTOR FOR PHYSICIANS GI
PARTNERSHIP, INC.

GP

04/21/2017

_____ Electronic Signature of Signing General Partner Detail

_____ Date