

**2021 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:** No

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

ROMANELLO, NICHOLAS W. ESQ.  
C/O HEALTH FIRST CORPORATE LEGAL  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 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:** NICHOLAS W. ROMANELLO

03/09/2021

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:** MICHAEL A. SCIALDONE

**DIRECTOR, SECRETARY  
AND TREASURER**

03/09/2021

Electronic Signature of Signing General Partner Detail

Date