

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90355 033 \*\*\*150.00

**DOCUMENT # P00000010793**

1. Entity Name  
**NHP SUCCESSOR CORP.**

Principal Place of Business <b>C/O MARC H. AUERBACH. ESQ.          201 S. BISCAYNE BLVD., 20TH FLOOR          MIAMI FL 33131</b>	Mailing Address <b>C/O MARC H. AUERBACH. ESQ.          201 S. BISCAYNE BLVD., 20TH FLOOR          MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0996107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>AUERBACH, MARC H ESQ          201 S. BISCAYNE BLVD., 20TH FLOOR          MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name <b>MARTIN Kofsky, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 S. BISCAYNE Boulevard</b> <b>20th FLOOR</b> City <b>Miami</b> FL Zip Code <b>33131</b>
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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.

SIGNATURE **MARTIN Kofsky** DATE **4/29/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Joseph Papa</b> <b>7600 Corporate Center Drive</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Mark Bryan</b> <b>7600 Corporate Center Dr.</b> <b>Miami, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>St. Vice President</b> <b>MaryLee Campbell Wisely</b> <b>7600 Corporate Center Drive</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GABRIEL COSTA, MD</b> <b>7600 Corporate Center Dr.</b> <b>Miami, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>David Gibbey</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Aurelio Fernandez</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Miles Yakre</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Steven Kulvin, MD</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Bill Greiter</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Bruce Perry</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Benjamin M. Cutter, II</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Esther Surujon</b> <b>7600 Corporate Center Dr.</b> <b>MIAMI, FL 33126</b>

13. 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 or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Sr. Vice President** DATE **4/19/01** DAYTIME PHONE # **305-715-4133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UTISSC

CR2E034 (10/00)