

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0202288 AV

DOCUMENT # P00000010793

1. Entity Name
NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

02 APR 29 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O MARC H. AUERBACH, ESQ.
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

Mailing Address
C/O MARC H. AUERBACH, ESQ.
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
7600 Corporate Center Drive
Suite, Apt. #, etc.

3. Mailing Address
7600 Corporate Center Drive
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33126-1216

Country
U.S.A.

Zip
33126-1216

Country
U.S.A.

4. FEI Number **65-0996107**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KOFSKY, MARTIN ESQ
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301

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  **Brian Courtney**
Asst. V. Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PAPA, JOSEPH 7600 CORPORATE CENTER DRIVE MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input checked="" type="checkbox"/> Delete CAMPBELL-WISELY, MARY LEE 7600 CORPORATE CENTER DRIVE MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GUBBAY, DAVID 7600 CORPORATE CENTER DRIVE MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YAKRE, MILES 7600 CORPORATE CENTER DRIVE MIAMI FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREITER, BILL 7600 CORPORATE CENTER DRIVE MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CUTLER, BENJAMIN M II 7600 CORPORATE CENTER DRIVE MIAMI FL 33126

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph R. Papa Miami, FL 33126-1216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles S. Ricevuto, Jr. 7600 Corporate Center Drive Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600005368486-0 Conseco 11825 North Pennsylvania Street Carmel, Indiana 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fortis, Inc. 1 Chase Manhattan Plaza, 41st Floor New York, New York 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fortis Financial Group 1 Chase Manhattan Plaza, 41st Floor New York, New York 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fortis Health 501 W. Michigan Avenue Milwaukee, Wisconsin 53203

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 report 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:  **David Pollack** **4/29/02** **305-715-2691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Neighborhood Health Partnership, Inc.'s Officers and Directors List (continued)

D

Terry Kryshak
First Fortis Life Insurance Co.
308 Maltbie Street, Suite 200
Syracuse, New York 13204

D

Mark Bryan
Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, Florida 33401

D

Gabriel Costa, M.D.
3659 South Miami Avenue, Suite 4001
Miami, Florida 33133

D

Aurelio Fernandez
Hialeah Hospital
651 East 25th Street
Hialeah, Florida 33013

D

Steven Kulvin, M.D.
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140

D

Esther Surujon
MercyHealth, Inc.
3663 South Miami Avenue
Miami, Florida 33133

D

Steven Sonenreich
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140

Neighborhood Health Partnership, Inc.'s Officers and Directors List (continued)

V

John T. Fries
7600 Corporate Center Drive
Miami, FL 33126-1216

V/S

David Pollack
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Mayda Antun, M.D.
7600 Corporate Center Drive
Miami, FL 33126-1216

V/T

Ann Mary Pardo
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Lisa Kofsky
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Linda Belcher
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Al Walker
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Dan McKendry
7600 Corporate Center Drive
Miami, FL 33126-1216

Neighborhood Health Partnership, Inc.'s Officers and Directors List (continued)

V

Maritza Borrajero
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Robert Mossie
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Vivian Lindsay
7600 Corporate Center Drive
Miami, FL 33126-1216

V

Patricia LaBelle
7600 Corporate Center Drive
Miami, FL 33126-1216



ACCOUNT NO. : 072100000032

REFERENCE : 553425 503076

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 158.75

ORDER DATE : April 29, 2002

ORDER TIME : 10:37 AM

ORDER NO. : 553425-015

CUSTOMER NO: 5030767

CUSTOMER: Ms. Susan Marsillo
Nhp Holding Company, Inc.
7600 Corporate Center Drive
Miami, FL 33126

CHANGE OF AGENT

NAME: NEIGHBORHOOD HEALTH
PARTNERSHIP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ GOOD STANDING CERTIFICATE

CONTACT PERSON: Ellyn Herndon -- EXT# 1145