

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 11 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000010793 1. Entity Name NEIGHBORHOOD HEALTH PARTNERSHIP, INC.			
Principal Place of Business 7600 CORPORATE CENTER DRIVE MIAMI, FL 33126-1216 US		Mailing Address 7600 CORPORATE CENTER DRIVE MIAMI, FL 33126-1216 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0996107		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALIFANO, PETRA-KATE 7600 CORPORATE CENTER DRIVE MIAMI, FL 33126-1216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP PAPA, JOSEPH R 7600 CORPORATE CENTER DRIVE MIAMI, FL 331261216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Papa, Joseph R 7600 Corporate Center Drive Miami, Florida 331261216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FRIES, JOHN T 7600 CORPORAE CENTER DRIVE MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Fries, John T 7600 Corporate Center Drive Miami, Florida 33126-1216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBERT, IRA C/O LUBERT-ADLER, 1811 CHESTNUT ST 8TH FL PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Linda Belcher 7600 Corporate Center Drive Miami, Florida 33126-1216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, LEON 7600 CORPORATE CENTER DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Vivian Lindsay 7600 Corporate Center Drive Miami, Florida 33126-1216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICEVUTO, CHARLES S JR 7600 CORPORATE CENTER DR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ricevuto, Charles S. Jr 7600 Corporate Center Drive Miami, Florida 33126-1216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POLLACK, DAVID J 7600 CORPORATE CENTER DR. MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pollack David J. 7600 Corporate Center Drive Miami, Florida 33126-1216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.			
SIGNATURE: <u>David J. Pollack</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/10/05</u> Daytime Phone #: <u>904-305-715-2691</u>	

ADDITIONS:

DV
ANTUN, MAYDA C.
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

DV
PARDO, ANN MARY
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

V
KOFISKY, LISA
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

V
MOSSIE, ROBERT
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

V
BORRAJERO, MARITZA
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

V
PILIPAUSKIS, PAULETTE
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

V
MERZ, CHARLES
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

V
BINKLEY, TIM
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216

ADDITIONS (P.2):

VT
MARILL-KIRKPATRICK, MERCY
7600 CORPORATE CENTER DRIVE
MIAMI, FLORIDA 33126-1216