

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010793

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

**Current Principal Place of Business:**

7600 CORPORATE CENTER DRIVE  
MIAMI, FL 331261216 US

**New Principal Place of Business:**

**Current Mailing Address:**

9900 BREN ROAD EAST  
(ATTENTION LEGAL DEPARTMENT @ MN008-T202)  
MINNETONKA, MN 55343 US

**New Mailing Address:**

FEI Number: 65-0996107      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DAVIES, MATTHEW M  
Address: 495 NORTH KELLER ROAD, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 US

Title: DVP ( ) Delete  
Name: SHEEHY, ROBERT J  
Address: 5901 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 55436 US

Title: DVP ( ) Delete  
Name: WICHMANN, DAVID S  
Address: 5901 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 55436 US

Title: DS ( ) Delete  
Name: MCDONNELL, MICHAEL J  
Address: 5901 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 55436 US

Title: DCFO ( ) Delete  
Name: MIKAN, GEORGE L III  
Address: 5901 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 55436 US

Title: DAS ( ) Delete  
Name: LUBBEN, DAVID J  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ROSENTHAL, DANIEL I  
Address: 13621 NW 12TH STREET  
City-St-Zip: SUNRISE, FL 33323 US

Title: DVP (X) Change ( ) Addition  
Name: KNAPP, AMY K  
Address: 13621 NW 12TH STREET  
City-St-Zip: SUNRISE, FL 33323 US

Title: AS (X) Change ( ) Addition  
Name: LUIS, JUANITA B  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343 US

Title: DS (X) Change ( ) Addition  
Name: BURKE, FORREST G  
Address: 5901 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 55436 US

Title: CFO (X) Change ( ) Addition  
Name: COTO, RAMON E  
Address: 13621 NW 12TH STREET  
City-St-Zip: SUNRISE, FL 33323 US

Title: D (X) Change ( ) Addition  
Name: LEWIS, THOMAS D  
Address: 13621 NW 12TH STREET  
City-St-Zip: SUNRISE, FL 33323 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA B. LUIS

AS

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date