

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010793

FILED
Mar 31, 2012
Secretary of State

Entity Name: NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

Current Principal Place of Business:

7600 CORPORATE CENTER DRIVE
MIAMI, FL 33126

New Principal Place of Business:

7600 CORPORATE CENTER DRIVE
MIAMI, FL 33126-121 US

Current Mailing Address:

7600 CORPORATE CENTER DRIVE
MIAMI, FL 33126

New Mailing Address:

7600 CORPORATE CENTER DRIVE
MIAMI, FL 33126-121 US

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ZAFFIRIS, NICHOLAS J. PD
Address: 3100 SW 145TH AVENUE
City-St-Zip: MIRAMAR, FL 33027 US

Title: SD
Name: MATTHEWS, JOHN JOSEPH SD
Address: 4560 GROVE PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: TREA
Name: OBERRENDER, ROBERT WORTH TREA
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

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 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 all other like empowered.

SIGNATURE: MANDELIN HENDRICKS

POA

03/31/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date