

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010793

**Entity Name:** NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

**Current Principal Place of Business:**

7901 SW 6TH COURT  
SUITE 400  
PLANTATION, FL 33324

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**2090855577CC**

**Current Mailing Address:**

7901 SW 6TH COURT  
SUITE 400  
PLANTATION, FL 33324 US

**FEI Number: 65-0996107**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title VP  
Name COTTINGTON, NYLE BRENT  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title ASSISTANT SECRETARY  
Name ZUBA, JESSICA LEIGH  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name HALPERN, LORI IRIS  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY  
Name MORROW, ROBERT DIETZ JR.  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name GARRISON, BRIAN [NMN]  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name TITA, MARYBETH ALEXIS  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

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*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: HEATHER ANASTASIA LANG**

**ASSISTANT SECRETARY 04/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, CFO  
Name            ZITUR, JONATHON KEITH  
Address        7901 SW 6TH COURT  
                 SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title            PRESIDENT, CEO, DIRECTOR  
Name            ZAFFIRIS, NICHOLAS JEFFREY  
Address        7901 SW 6TH COURT  
                 SUITE 400  
City-State-Zip: PLANTATION FL 33324