

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010793

Entity Name: NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

FILED
Apr 20, 2023
Secretary of State
8532228873CC

Current Principal Place of Business:

3100 SW 145TH AVENUE
SUITE 200
MIRAMAR, FL 33027

Current Mailing Address:

3100 SW 145TH AVENUE
SUITE 200
MIRAMAR, FL 33027 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 DIRECTOR, PRESIDENT, CEO
Name ZAFFIRIS, NICHOLAS JEFFREY
Address 3000 BAYPORT DRIVE
SUITE 1170
City-State-Zip: TAMPA FL 33607

Title DIRECTOR, CFO
Name ZITUR, JONATHON KEITH
Address 3000 BAYPORT DRIVE
SUITE 1170
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name REIDY, GREGORY DAVID
Address 10 CADILLAC DRIVE
SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title TREASURER
Name GILL, PETER MARSHALL
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name JOHNSON, ERIC HARVEY
Address 3000 BAYPORT DRIVE
SUITE 1170
City-State-Zip: TAMPA FL 33607

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title VP
Name COTTINGTON, NYLE BRENT
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name HALPERN, LORI IRIS
Address POST OFFICE BOX 9472,MAIL CODE:
FL960-1000
City-State-Zip: MINNEAPOLIS MN 55440

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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 04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MORROW, JR. , ROBERT DIETZ
Address POST OFFICE BOX 9472,MAIL CODE: MD952-1000
City-State-Zip: MINNEAPOLIS MN 55440

Title ASST. SECRETARY
Name ZUBA, JESSICA LEIGH
Address POST OFFICE BOX 9472,MAIL CODE: CA952-1000
City-State-Zip: MINNEAPOLIS MN 55440