2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010793

Entity Name: NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

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

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

Officer/Director Detail :

Oncer/Director Detail.				
	Title	DIRECTOR, PRESIDENT	Title	DIRECTOR
	Name	ZAFFIRIS, NICHOLAS JEFFREY	Name	ZITUR, JONATHON KEITH
	Address	3000 BAYPORT DRIVE SUITE 1170	Address	3000 BAYPORT DRIVE SUITE 1170
	City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
	Title	DIRECTOR	Title	TREASURER
	Name	REIDY, GREGORY DAVID	Name	GILL, PETER MARSHALL
	Address	10 CADILLAC DRIVE SUITE 200	Address	3100 SW 145TH AVENUE SUITE 200
	City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	MIRAMAR FL 33027
	Title	DIRECTOR	Title	ASSISTANT SECRETARY
	Name	JOHNSON, ERIC HARVEY	Name	LANG, HEATHER ANASTASIA
	Address	3000 BAYPORT DRIVE	Address	9900 BREN ROAD EAST
	City-State-Zip:	SUITE 1170 TAMPA FL 33607	City-State-Zip:	MINNETONKA MN 55343
	Title	VP	Title	DIRECTOR
	Name	COTTINGTON, NYLE BRENT	Name	HALPERN, LORI IRIS
	Address	9800 HEALTH CARE LANE	Address	3100 SW 145TH AVENUE SUITE 200
	City-State-Zip:	MINNETONKA MN 55376	City-State-Zip:	MIRAMAR FL 33027

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: LANG, HEATHER ANASTASIA

04/20/2022 ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

FILED Apr 20, 2022 Secretary of State 3378903622CC

Certificate of Status Desired: No

Date