### 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010793

Entity Name: NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

**FILED** Apr 24, 2021 **Secretary of State** 2115731253CC

## **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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **DIRECTOR** Title CFO

ZITUR, JONATHON KEITH Name ZAFFIRIS, NICHOLAS JEFFREY Name Address 3100 SW 145TH AVENUE 3100 SW 145TH AVENUE

> SUITE 200 SUITE 200

Address

MIRAMAR FL 33027 City-State-Zip:

City-State-Zip: MIRAMAR FL 33027

Title **DIRECTOR** Title **DIRECTOR** 

REIDY, GREGORY DAVID ZITUR, JONATHON KEITH Name Name

3100 SW 145TH AVENUE 3100 SW 145TH AVENUE Address Address SUITE 200 SUITE 200

MIRAMAR FL 33027 City-State-Zip: MIRAMAR FL 33027

Title **SECRETARY** Title **TREASURER** 

GILL, PETER MARSHALL Name MURDOCK, SARAH ANN Name

3100 SW 145TH AVENUE 3100 SW 145TH AVENUE Address Address

SUITE 200 SUITE 200

City-State-Zip: MIRAMAR FL 33027 City-State-Zip: MIRAMAR FL 33027

Title ASSISTANT SECRETARY Title **DIRECTOR** 

Name ZUBA, JESSICA LEIGH Name JOHNSON, ERIC HARVEY

Address 3100 SW 145TH AVENUE 3100 SW 145TH AVENUE Address

> SUITE 200 SUITE 200

MIRAMAR FL 33027 City-State-Zip: MIRAMAR FL 33027

# Continues on page 2

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.

04/24/2021 SIGNATURE: HEATHER ANASTASIA LANG ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title ASSISTANT SECRETARY Title VP

Name LANG, HEATHER ANASTASIA Name COTTINGTON, NYLE BRENT

Address 3100 SW 145TH AVENUE Address 3100 SW 145TH AVENUE

SUITE 200 SUITE 200

City-State-Zip: MIRAMAR FL 33027 City-State-Zip: MIRAMAR FL 33027

Title PRESIDENT Title DIRECTOR

Name ZAFFIRIS, NICHOLAS JEFFREY Name HALPERN, LORI IRIS

Address 3100 SW 145TH AVENUE Address 3100 SW 145TH AVENUE

SUITE 200 SUITE 200

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