

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010793

Entity Name: NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

Current Principal Place of Business:

7600 CORPORATE CENTER DRIVE
MIAMI, FL 33126-1216

FILED
Mar 23, 2019
Secretary of State
7206455231CC

Current Mailing Address:

7600 CORPORATE CENTER DRIVE
MIAMI, FL 33126-1216 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 PRESIDENT/DIRECTOR
Name ZAFFIRIS, NICHOLAS JEFFREY
Address 3100 SW 145TH AVENUE
City-State-Zip: MIRAMAR FL 33027

Title SECRETARY
Name MURDOCK, SARAH ANN
Address 7600 CORPORATE CENTER DRIVE
City-State-Zip: MIAMI FL 33126-1216

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

Title DIRECTOR
Name SCOTT, JULIET TYLER
Address 3100 SW 145TH AVENUE
 SUITES 100/110/120/200
City-State-Zip: MIRAMAR FL 33027

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

Title DIRECTOR
Name JOHNSON, ERIC HARVEY
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name CHOATE, THOMAS CLIFTON
Address 185 ASYLUM STREET, CITY PLACE I
City-State-Zip: HARTFORD CT 06103

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

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 03/23/2019

Electronic Signature of Signing Officer/Director Detail

Date