

**2013 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

**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, DIRECTOR  
Name            MATTHEWS, JOHN JOSEPH  
Address        4560 GROVE PARK DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

Title            TREASURER  
Name            OBERRENDER, ROBERT WORTH  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title            ASST. SECRETARY  
Name            HUNTLEY DILL, MICHELLE MARIE  
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:** MICHELLE MARIE HUNTLEY DILL

**ASST. SECRETARY**

**04/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date