

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000010793

**Entity Name:** NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

**FILED**  
**Aug 25, 2020**  
**Secretary of State**  
**8415950392CC**

**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 VP  
Name CHOATE, THOMAS CLIFTON  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name ZAFFIRIS, NICHOLAS JEFFREY  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title CFO  
Name ZITUR, JONATHON KEITH  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name ZITUR, JONATHON KEITH  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title CEO  
Name REIDY, GREGORY DAVID  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title PRESIDENT  
Name REIDY, GREGORY DAVID  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title SECRETARY  
Name MURDOCK, SARAH ANN  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

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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 08/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name ZUBA, JESSICA LEIGH  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name REIDY, GREGORY DAVID  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title VP  
Name COTTINGTON, NYLE BRENT  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name JOHNSON, ERIC HARVEY  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name CHOATE, THOMAS CLIFTON  
Address 3100 SW 145TH AVENUE  
SUITE 200  
City-State-Zip: MIRAMAR FL 33027