

2014 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, CEO, 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 ASSISTANT 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

ASSISTANT SECRETARY

04/05/2014

Electronic Signature of Signing Officer/Director Detail

Date