

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004224

FILED
Apr 11, 2012
Secretary of State

Entity Name: PARTNERS IN HEALTH, A NONPROFIT CORPORATION

Current Principal Place of Business:

7006 NW 46TH ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7006 NW 46TH ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 04-3567502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, DAVID B
7006 NW 46TH ST
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCH
Name: DAHL, OPHELIA
Address: 888 COMMONWEALTH AVE 3RD FLOOR
City-St-Zip: BOSTON, MA 02215

Title: DD
Name: ZINTL, PAUL
Address: 888 COMMONWEALTH AVE 3RD FLOOR
City-St-Zip: BOSTON, MA 02215

Title: S
Name: CURRIER, DIANE
Address: 888 COMMONWEALTH AVE 3RD FLOOR
City-St-Zip: BOSTON, MA 02215

Title: T
Name: PHILIP, TED
Address: 888 COMMONWEALTH AVE 3RD FLOOR
City-St-Zip: BOSTON, MA 02215

Title: D
Name: ENGLISH, PAUL
Address: 888 COMMONWEALTH AVE 3RD FLOOR
City-St-Zip: BOSTON, MA 02215

Title: D
Name: CONNORS, JACK JR
Address: 888 COMMONWEALTH AVE 3RD FLOOR
City-St-Zip: BOSTON, MA 02215

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL ZINTL

DD

04/11/2012

Electronic Signature of Signing Officer or Director

Date