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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 26 1996 8:00 am  
Secretary of State

DOCUMENT # N92000000706 (3)

1. Corporation Name

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.



Principal Place of Business

Mailing Address

6303 BLUE LAGOON DRIVE  
SUITE 225  
MIAMI FL 33126

6303 BLUE LAGOON DRIVE  
SUITE 225  
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 7600 Corporate Center Dr.

26 7300 Corporate Center Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 7318

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33126

25 USA

29 33126

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ROSENTHAL, DANIEL I  
8900 NORTH KENDALL DRIVE  
MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D/S  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAUK, WILLIAM H JR.  
7300 CORPORATE CENTER DRIVE  
MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
P/D  
Change Addition  
7600 Corporate Center Dr.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIGLUS, GEORGE F. MD  
1190 N.W. 95TH STREET, SUITE 101  
MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D/V  
Change Addition  
Ruben King-Shaw  
7600 Corporate Center Dr.  
Miami, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROSASCO, JR., EDWARD J  
3663 S. MIAMI AVENUE  
MIAMI FL 33133

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D  
Change Addition  
Steven Sonnenreich  
Mt. Sinai Hospital, 4300 Alton Road  
Miami Beach, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HIRT, FRED D  
4300 ALTON ROAD  
MIAMI BEACH FL 33140

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
D  
Change Addition  
Lee M. Stapp, M.D.  
Baptist Hospital, 8900 N. Kendall Dr.  
Miami, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ECONOMIDES, MD, CHRISTOPHER G  
691 E 25TH STREET  
HIALEAH FL 33013

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
D  
Change Addition  
Marvin H. Assofsky  
7300 Corporate Center Dr.  
Miami, FL 33126

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 305-715-2321

Daytime Phone #

CR2E037 (12/95)