

FILE NOW: FILING FEE IS \$61.25

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

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SUITE 225
MIAMI FL 33126

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

08/10/1995

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 7B18

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33126

Country

25 USA

Zip

29 33126

Country

30 USA

4. FEI Number

65-0391735

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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

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

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

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

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

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

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

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

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

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

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

6.1 TITLE D Change Addition
6.2 NAME Marvin H. Assafsky
6.3 STREET ADDRESS 7300 Corporate Center Dr.
6.4 CITY-ST-ZIP 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)