

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 MAY 29 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000706 (3)

1. Corporation Name

Neighborhood Health Partnership, Inc.

Principal Place of Business 7600 Corporate Center Drive Miami, Florida 33126	Mailing Address Post Office Box 020270 Miami, Florida 33102-0270
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3. Date Incorporated or Qualified
09-05-94

3a. Date of Last Report
09-15-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D /P	<input type="checkbox"/> DELETE
NAME	William H. Mauk, Jr.	
STREET ADDRESS	7600 Corporate Center Drive	
CITY-ST-ZIP	Miami, Florida 33126	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	000002195370--8

TITLE	D /V P	<input type="checkbox"/> DELETE
NAME	Ruben King-Shaw	
STREET ADDRESS	7600 Corporate Center Drive	
CITY-ST-ZIP	Miami, Florida 33126	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Christopher Economides, M.D.	
STREET ADDRESS	Hialeah Hospital	
CITY-ST-ZIP	651 E. 25th Street Hialeah, Florida 33013	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Lee M. Stapp, M.D.	
STREET ADDRESS	Baptist Hospital	
CITY-ST-ZIP	8900 N. Kendall Drive Miami, Florida 33176	

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

TITLE	V P	<input type="checkbox"/> DELETE
NAME	Scott J. Moroney	
STREET ADDRESS	7600 Corporate Center Drive	
CITY-ST-ZIP	Miami, Florida 33126	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Edward J. Rosasco, Jr.	
STREET ADDRESS	Mercy Hospital	
CITY-ST-ZIP	3663 South Miami Avenue Miami, Florida 33133	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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

5-28-97

Date

305 715-3100

Daytime Phone #

CR2E034 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 408806 159069A

AUTHORIZATION : *Patricia Poynt*

COST LIMIT : \$ 173.75

ORDER DATE : May 29, 1997

ORDER TIME : 1:41 PM

ORDER NO. : 408806-005

CUSTOMER NO: 159069A

CUSTOMER: Dana Dugan, Legal Assistant
John Alden Life Insurance
7300 Corporate Center Drive

Miami, FL 33126

ANNUAL REPORT FILING

NAME: NEIGHBORHOOD HEALTH
PARTNERSHIP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Paula K. Kendrick

EXAMINER'S INITIALS:

RECEIVED
97 MAY 29 PM 3:24
DIVISION OF CORPORATION

A. Alan
5/29/97