

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

7600 CORPORATE CENTER DRIVE
MIAMI FL 33126
US

P.O. BOX 020270
MIAMI FL 33102-0270
US

3. Date Incorporated or Qualified

12/08/1992

4. FEI Number

65-0391735

Applied For

Not Applicable

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

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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 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 DP ☐ DELETE

NAME MAUK, WILLIAM H JR.
STREET ADDRESS 7600 CORPORATE CENTER DRIVE
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE ☐ Change ☐ Addition

TITLE DVP ☐ DELETE

NAME KING-SHAW, RUBEN
STREET ADDRESS 7600 CORPORATE CENTER DRIVE
CITY-ST-ZIP MIAMI FL 33126

1.2 NAME DV ☒ Change ☐ Addition

TITLE D ☒ DELETE

NAME ECONOMIDES, CHRISTOPHER M.D.
STREET ADDRESS 651 E. 25TH STREET
CITY-ST-ZIP HIALEAH FL 33013

1.3 STREET ADDRESS D ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME STAPP, LEE M M.D.
STREET ADDRESS 8900 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33176

1.4 CITY-ST-ZIP D ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME MORONEY, SCOTT J
STREET ADDRESS 7600 CORPORATE CENTER DRIVE
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE V ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME RASASCO, EDWARD J JR.
STREET ADDRESS 3683 SOUTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33133

2.2 NAME Rosasco, Edward J. Jr. ☒ Change ☐ Addition

14. I 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 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

9-9-98

(305) 715-4381

Date

Daytime Phone #

CR2E037 (5/98)