

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90012 045 \*\*\*\*61.25

DOCUMENT # **N92000000706**

1. Corporation Name

**NEIGHBORHOOD HEALTH PARTNERSHIP, INC.**

Principal Place of Business

7600 CORPORATE CENTER DRIVE  
MIAMI FL 33126  
US

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/08/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0391735	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	1.1 TITLE	
NAME	MAUK, WILLIAM H JR.	1.2 NAME	SEE ATTACHED
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	KING-SHAW, RUBEN	2.2 NAME	SEE ATTACHED
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ROSENTHAL, DANIEL	3.2 NAME	SEE ATTACHED
STREET ADDRESS	8900 N KENDALL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	STAPP, LEE M M.D.	4.2 NAME	SEE ATTACHED
STREET ADDRESS	8900 N. KENDALL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	MORONEY, SCOTT J	5.2 NAME	SEE ATTACHED
STREET ADDRESS	7600 CORPORATE CENTER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROSASCO, EDWARD J JR	6.2 NAME	SEE ATTACHED
STREET ADDRESS	3663 SOUTH MIAMI AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

305-715-4433

Daytime Phone #

CR2E037 (5/99)



Neighborhood Health  
Partnership

N92000000706  
599706-90012-45

**OFFICERS**

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

William H. Mauk	President
Scott Moroney	Senior Vice President
Rosemary Schaub	Senior Vice President
Jim Keller	Senior Vice President
Martin Kofsky	Senior Vice President and Secretary
Glen Volk	Senior Vice President

July 1999

N92000000706  
599706-90012-4  
NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

Board of Directors

**Additions**

***Mr. Kerry Clayton***

Fortis, Inc.  
1 Chase Manhattan Plaza, 41 Fl  
New York, New York 10005  
Phone: (212)859-7050 Fax(212)859-7010

***Bill Greiter***

Fortis Benefits  
500 Beilenberg Drive  
Woodbury, MN 55125  
Phone: 651-738-5717 Fax: 651-388-1820

***Mr. J. Grover Thomas,***

Fortis, Inc.  
1 Chase Manhattan Plaza, 41<sup>st</sup> Fl.  
New York, New York 10005  
Phone: (212)859-7009 Fax(212)859-7034

***Benjamin M. Cutler, II***

Fortis Health  
501 W. Michigan Avenue  
Milwaukee, WI 53203  
Phone: (414)299-6524 Fax(414)299-6502

***Mr. David Gubbay-***

Norwegian Cruise Line  
7665 Corporate Center Drive-6<sup>th</sup> Fl.  
Miami, FL 33126  
Phone: (305)436-4870 Fax: (305)436-4101

***Cliff Bauer***

Hialeah Hospital  
651 East 25<sup>th</sup> Street-Administration  
Hialeah, FL 33013  
Phone: 305-835-4240 Fax: 305-835-4252

***Charles A. Lindgren***

Dimension Health  
15500 New Barn Road Suite 101  
Miami Lakes, FL 33014  
Phone:(305)818-8812 Fax: (305)818-8814

***Mohshin Jaffer, MD***

North Shore  
601 N. Flamingo Road-suite 304  
Pembroke Pines, FL 33028  
Phone: (954)433-3114 Fax: (954)433-1179

***Shelli Janoff***

Mount Sinai Medical Center-Administrator Mgd.  
4300 Alton Road  
Miami Beach, FL 33140  
Phone: (305) 674-2166 Fax: 674-3998

***Dr. Ray Mummery-***

Dimension Health  
15500 New Barn Road  
Miami Lakes, FL 33014  
Phone:(305)818-8812 Fax: (305)818-8814

***Edward J. Rosasco, Jr.***

Mercy Hospital  
3663 South Miami Avenue-Administration  
Miami, FL 33133  
Phone: (305)285-2121 Fax: (305)285-2114