

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010793

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

**Current Principal Place of Business:**

7600 CORPORATE CENTER DRIVE  
MIAMI, FL 331261216 US

**New Principal Place of Business:**

7600 CORPORATE CENTER DRIVE  
MIAMI, FL 33126

**Current Mailing Address:**

9900 BREN ROAD EAST  
(ATTENTION LEGAL DEPARTMENT @ MN008-T502)  
MINNETONKA, MN 55343 US

**New Mailing Address:**

7600 CORPORATE CENTER DRIVE  
MIAMI, FL 33126

**FEI Number:** 65-0996107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: ZAFFIRIS, NICHOLAS J  
Address: 7600 CORPORATE CENTER DRIVE  
City-St-Zip: MIAMI, FL 33126

Title: D/V  
Name: COLE, DANIEL MARTIN  
Address: 7600 CORPORATE CENTER DRIVE  
City-St-Zip: MIAMI, FL 33126

Title: D/S  
Name: MATTHEWS, JOHN JOSEPH  
Address: 7600 CORPORATE CENTER DRIVE  
City-St-Zip: MIAMI, FL 33126

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 7600 CORPORATE CENTER DRIVE  
City-St-Zip: MIAMI, FL 33126

Title: DIR  
Name: FRIEDRICH, ROBERT JAMES  
Address: 7600 CORPORATE CENTER DRIVE  
City-St-Zip: MIAMI, FL 33126

Title: DIR  
Name: HAGGAR, THOMAS STEPHEN  
Address: 7600 CORPORATE CENTER DRIVE  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANDELIN HENDRICKS

POA

03/30/2011

Electronic Signature of Signing Officer or Director

Date