~~2001~~ UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 18, 2001 8:00 am
Secretary of State
04-30-2001 90355 032 ***150.00

DOCUMENT # P00000115333

1. Entity Name

NHP ADMINISTRATION CORP.

Principal Place of Business	Mailing Address
C/O MARC H. AUERBACH, ESQ 201 S BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131	C/O MARC H. AUERBACH, ESQ 201 S BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131

44493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQ
201 S BISCAYNE BLVD, 20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name MARTIN-KOFSKY, Esq.
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd.
20th Floor
City Miami FL Zip Code 33131

8. 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 _____ MARTIN KOFSKY 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joseph Papa 7600 Corporate Ctr.Dr. Miami, FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mark Bryan 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr. Vice President Mary Lee Campbell-Wisley 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gabriel Costa, M.D. 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director David Gubbay 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Aurelio Fernandez 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Miles Yakre 7600 Corporate Ctr. Dr. Miami, FL. 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Steven Kulvin, M.D. 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bill Greiter 7600 Corporate Ctr Dr. Miami, FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bruce Perry 7600 Corporate Ctr. Dr. Miami, FL 33126' ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Benjamin Cutler, II 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Esther Surujon 7600 Corporate Ctr. Dr. Miami, FL 33126 ☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/19/01 305-715-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #