4/30

# 2001 UNIFORM BUSINESS REPORT (UBR)

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<br>201 S BISCAYNE BLVD. 20TH FLOOR<br>MIAMI FL 33131 | C/O MARC H. AUERBACH, ESQ<br>201 S BISCAYNE BLVD. 20TH FLOOR<br>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 | 7. Name and Address of New Registered Agent |
|---|---|
| AUERBACH, MARC H ESQ<br>201 S BISCAYNE BLVD, 20TH FLOOR<br>MIAMI FL 33131 | Name: MARTIN-KOFSKY, Esq.<br>Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.<br>20th Floor<br>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: President ☐ Delete<br>NAME: Joseph Papa<br>STREET ADDRESS: 7600 Corporate Ctr.Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | | TITLE: Director ☐ Change ☐ Addition<br>NAME: Mark Bryan<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | |
| TITLE: Sr. Vice President ☐ Delete<br>NAME: Mary Lee Campbell-Wisley<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | | TITLE: Director ☐ Change ☐ Addition<br>NAME: Gabriel Costa, M.D.<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | |
| TITLE: Director ☐ Delete<br>NAME: David Gubbay<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | | TITLE: Director ☐ Change ☐ Addition<br>NAME: Aurelio Fernandez<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | |
| TITLE: Director ☐ Delete<br>NAME: Miles Yakre<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL. 33126 | | TITLE: Director ☐ Change ☐ Addition<br>NAME: Steven Kulvin, M.D.<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | |
| TITLE: Director ☐ Delete<br>NAME: Bill Greiter<br>STREET ADDRESS: 7600 Corporate Ctr Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | | TITLE: Director ☐ Change ☐ Addition<br>NAME: Bruce Perry<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126' | |
| TITLE: Director ☐ Delete<br>NAME: Benjamin Cutler, II<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | | TITLE: Director ☐ Change ☐ Addition<br>NAME: Esther Surujon<br>STREET ADDRESS: 7600 Corporate Ctr. Dr.<br>CITY-ST-ZIP: Miami, FL 33126 | |

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 #

CR2E034 (10/00)