FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # **P94000050599 (7)**

1. Corporation Name

NHP HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
6303 BLUE LAGOON DR. SUITE 225 MIAMI FL 33126	6303 BLUE LAGOON DR. SUITE 225 MIAMI FL 33126

3. Date Incorporated or Qualified: 07/08/1994
3a. Date of Last Report: 08/08/1995

4. FEI Number: 65-0508983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7600 Corporate Center Dr.	26 7300 Corporate Center Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 7818
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	ECONOMIDES, CHRISTOPHER MD		1.2 NAME	William H. Mauk, Jr.	
STREET ADDRESS	HIALEAH HOSPITAL, 651 E. 25TH ST.		1.3 STREET ADDRESS	7600 Corporate Center Dr.	
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☐ DELETE	2.1 TITLE	D/V	☐ Change ☒ Addition
NAME	DAVIGLUS, GEORGE F		2.2 NAME	Ruben King-Shaw	
STREET ADDRESS	1190 NW 95TH ST., SUITE 101		2.3 STREET ADDRESS	7600 Corporate Center Dr.	
CITY-ST-ZIP	MIAMI FL 33150		2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HIRT, FRED D		3.2 NAME	Steven Sonenreich	
STREET ADDRESS	MT. SINAI MEDICAL CENTER, 4300 ALTON RD.		3.3 STREET ADDRESS	Mt. Sinai Hospital, 4300 Alton Road	
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	☐ DELETE	4.1 TITLE	D/S	☒ Change ☐ Addition
NAME	ROSENTHAL, DANIEL I		4.2 NAME		
STREET ADDRESS	BAPTIST HOSPITAL, 8900 N. KENDALL DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSASCO, EDWARD J		5.2 NAME	Marvin H. Assofsky	
STREET ADDRESS	MERCY HOSPITAL, 3663 S MIAMI AVENUE		5.3 STREET ADDRESS	7300 Corporate Center Dr.	
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	STAPP, LEE M MD		6.2 NAME	Carlos E. Miro	
STREET ADDRESS	BAPTIST HOSPITAL, 8900 N. KENDALL DR.		6.3 STREET ADDRESS	7300 Corporate Center Dr.	
CITY-ST-ZIP	MIAMI FL 33176		6.4 CITY-ST-ZIP	Miami, FL 33126	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/14/96 305-715-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #