## 2-17.98 B2175 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400050599 (7)

NHP HOLDING COMPANY, INC.

Principal Place of Business Mailing Address

**FILED** Feb 17 1998 8:00am Secretary of State

7600 CORPORATE CENTER DRIVE P.O. BOX 020270 MIAMI FL 33102-0270 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0508983 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS ST. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 85 Zip Code FL 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MAUK, WILLIAM J H NAME 1.2 NAME 7600 CORPORATE CENTER DRVIVE STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33126 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DVP KING-SHAW NAME 2.2 NAME KING-SHAW, JR., RUBEN **7600 CORPORATE CENTER DRIVE** 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33126 CITY-ST-ZIP 2. 4 CiTY-ST-ZiP X DELETE Addition 3.1 TITLE ☐ Change TITLE NAME SONENREICH, STEVEN 3.2 NAME KOFSKY, MARTIN B. 651 E. 25TH STREET 3.3 STREET ADDRESS STREET ADDRESS 7300 CORPORATE CENTER DRIVE CITY-ST-ZIP HIALEAH FL 33013 3.4. CITY-ST-ZIP MIAMI. FL 33126 DELETE Change Addition TITLE 4.1 TITLE STAPP, LEE M M.D. NAME 4 2 NAME BAPTIST HOSPITAL, 8900 N. KENDALL DR. STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP MIAM! FL 33176 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE MORONEY, SCOTT J NAME 5.2 NAME **7600 COPORATE CENTER DRIVE** 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE ROSASCO, EDWARD J JR. NAME 6.2 NAME 3663 SOUTH MIAMI AVENUE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33133** 

14. Thereby 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 simplemental 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 charged or or a attachment with an address. n attachment with an address.

SIGNATURE:

305-218-3172

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