

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ✓

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90004 049 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

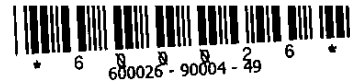


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050599

1. Corporation Name **NHP Holding Company, Inc.**

Principal Place of Business Mailing Address
7600 Corporate Center Drive P.O. Box 025680
Miami, FL 33126 Miami, FL 33102



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
October 1994

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 650508983 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	Mauk, William H Jr.				
STREET ADDRESS	7600 Corporate Center Dr.				
CITY-ST-ZIP	Miami, FL 33126				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	King-Shaw, Ruben				
STREET ADDRESS	7600 Corporate Center Drive				
CITY-ST-ZIP	Miami, FL 33126				
TITLE	DS	<input checked="" type="checkbox"/> DELETE			
NAME	Stapp, Lee M-M-D				
STREET ADDRESS	Baptist Hospital				
CITY-ST-ZIP	8900 N. Kendall Drive Miami FL 33176				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	Kofsky, Martin B				
STREET ADDRESS	7300 Corporate Center Drive				
CITY-ST-ZIP	Miami, FL 33126				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	Moroney, Scott J.				
STREET ADDRESS	7600 Corporate Center Drive				
CITY-ST-ZIP	Miami, FL 33126				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	Rosasco, Edward J. Jr				
STREET ADDRESS	3663 South Miami Avenue				
CITY-ST-ZIP	Miami, FL 33133				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	SEE ATTACHED				
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	SEE ATTACHED				
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	SEE ATTACHED				
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	SEE ATTACHED				
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	SEE ATTACHED				
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	SEE ATTACHED				
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN KOFSKY S. VP

Date Daytime Phone #

7/26/99 305-715-4433

CR2E034 (11/98)



Neighborhood Health
Partnership

60006-90004-49
P94000050599

OFFICERS

NHP HOLDING COMPANY, INC.

William H. Mauk	President
Scott Moroney	Senior Vice President
Rosemary Schaub	Senior Vice President
Jim Keller	Senior Vice President
Martin Kofsky	Senior Vice President and Secretary
Glen Volk	Senior Vice President

July 1999

94000050599

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

Board of Directors

Additions

Mr. Kerry Clayton

Fortis, Inc.
1 Chase Manhattan Plaza, 41 Fl
New York, New York 10005
Phone: (212)859-7050 Fax(212)859-7010

Bill Greiter

Fortis Benefits
500 Beilenberg Drive
Woodbury, MN 55125
Phone: 651-738-5717 Fax: 651-388-1820

Mr. J. Grover Thomas, Jr.

Fortis, Inc.
1 Chase Manhattan Plaza, 41st Fl.
New York, New York 10005
Phone: (212)859-7009 Fax(212)859-7034

Benjamin M. Cutler, II

Fortis Health
501 W. Michigan Avenue
Milwaukee, WI 53203
Phone: (414)299-6524 Fax(414)299-6502

Mr. David Gubbay

Norwegian Cruise Line
7665 Corporate Center Drive-6th Fl.
Miami, FL 33126
Phone: (305)436-4870 Fax: (305)436-4101

Cliff Bauer

Hialeah Hospital
651 East 25th Street-Administration
Hialeah, FL 33013
Phone: 305-835-4240 Fax: 305-835-4252

Charles A. Lindgren

Dimension Health
15500 New Barn Road Suite 101
Miami Lakes, FL 33014
Phone:(305)818-8812 Fax: (305)818-8814

Mohshin Jaffer, MD

North Shore
601 N. Flamingo Road-suite 304
Pembroke Pines, FL 33028
Phone: (954)433-3114 Fax: (954)433-1179

Shelli Janoff

Mount Sinai Medical Center-Administrator Mgd.
4300 Alton Road
Miami Beach, FL 33140
Phone: (305) 674-2166 Fax: 674-3998

Dr. Ray Mummery

Dimension Health
15500 New Barn Road
Miami Lakes, FL 33014
Phone:(305)818-8812 Fax: (305)818-8814

Edward J. Rosasco, Jr.

Mercy Hospital
3663 South Miami Avenue-Administration
Miami, FL 33133
Phone: (305)285-2121 Fax: (305)285-2114