2002 UNIFORM BUSINESS REPORT (UBR)

1 of 5

05413 7 AT

DOCUMENT # P94000050599

1. Entity Name

NHP HOLDING COMPANY, INC.

FILED

02 APR 29 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7600 CORPORATE CENTER DRIVE MIAMI FL 33126 US	P.O. BOX 025680 MIAMI FL 33102 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7600 Corporate Center Drive Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip: 33126-1216 Country: U.S.A.	Zip: 33126-1216 Country: U.S.A.

4. FEI Number: 65-0508983 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P PAPA, JOSEPH R 7600 CORPORATE CENTER DRIVE MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Miami, FL 33126-1216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVS KOFSKY, MARTIN B 7600 CORPORATE CENTER DRIVE MIAMI FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200005368472--4
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP TOPEL, HARRIS 7600 CORPORATE CENTER DRIVE MIAMI FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V/S David Pollack 7600 Corporate Center Drive Miami, FL 33126-1216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP CAMPBELL-WISLEY, MARY LEE 7600 CORPORATE CENTER DRIVE MIAMI FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V Charles S. Ricevuto, Jr. 7600 Corporate Center Drive Miami, FL 33126-1216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUBBAY, DAVID 7600 CORPORATE CENTER DRIVE MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Conseco 11825 North Pennsylvania Street Carmel, Indiana 46032
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREITER, BILL 7600 CORPORATE CENTER DRIVE MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Fortis Financial Group 1Chase Manhattan Plaza, 41st Floor New York, New York 10005

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: Signature David Pollack David Pollack 4/26/02 305-715-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

NHP Holding Company, Inc.'s Officers and Directors List (continued)

D
Miles Yakre
Fortis, Inc.
1 Chase Manhattan Plaza, 41st Floor
New York, New York 10005

D
Benjamin M. Cutler, II
Fortis Health
501 W. Michigan Avenue
Milwaukee, Wisconsin 53203

D
Terry Kryshak
First Fortis Life Insurance Co.
308 Maltbie Street, Suite 200
Syracuse, New York 13204

D
Mark Bryan
Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, Florida 33401

D
Gabriel Costa, M.D.
3659 South Miami Avenue, Suite 4001
Miami, Florida 33133

D
Aurelio Fernandez
Hialeah Hospital
651 East 25th Street
Hialeah, Florida 33013

D
Steven Kulvin, M.D.
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140

NHP Holding Company, Inc.'s Officers and Directors List (continued)

D
Esther Surujon
MercyHealth, Inc.
3663 South Miami Avenue
Miami, Florida 33133

D
Steven Sonenreich
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, Florida 33140

V
John T. Fries
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Mayda Antun, M.D.
7600 Corporate Center Drive
Miami, FL 33126-1216

V/T
Ann Mary Pardo
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Lisa Kofsky
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Linda Belcher
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Al Walker
7600 Corporate Center Drive
Miami, FL 33126-1216

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NHP Holding Company, Inc.'s Officers and Directors List (continued)

V
Dan McKendry
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Maritza Borrajero
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Robert Mossie
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Vivian Lindsay
7600 Corporate Center Drive
Miami, FL 33126-1216

V
Patricia LaBelle
7600 Corporate Center Drive
Miami, FL 33126-1216

585

ACCOUNT NO. : 072100000032

REFERENCE : 553425 5030767

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 158.75

ORDER DATE : April 29, 2002

ORDER TIME : 10:38 AM

ORDER NO. : 553425-005

CUSTOMER NO: 5030767

CUSTOMER: Ms. Susan Marsillo
Nhp Holding Company, Inc.
76oo Corporate Center Drive

Miami, FL 33126

RECEIVED
02 APR 29 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: NHP HOLDING COMPANY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ANGIE GLISAR EXT. 1124

EXAMINER'S INITIALS: _____