

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90018 031 \*\*\*\*70.00

0030236

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # N97000005209**

1. Corporation Name  
**NPF REHABILITATION, INC. - ILLINOIS**

Principal Place of Business 1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-9990	Mailing Address 1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-9990
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/15/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0784109
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.**  
**ONE S.E. 3RD AVENUE**  
**28TH FLOOR**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GELB, MARTIN	
STREET ADDRESS	2801 LAKE AVE. SUNSET ISLAND 1	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAVITZ, HAROLD	
STREET ADDRESS	7600 WEST 20TH AVE., SUITE 223	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLEWETT, NATHAN	
STREET ADDRESS	1501 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136-9990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLEWETT, ROBERT	
STREET ADDRESS	767 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALONSO-MENDOZA, EMILIO	
STREET ADDRESS	8150 53RD AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZENEL, HERBERT	
STREET ADDRESS	2875 NE 191ST, SUITE 304	
CITY-ST-ZIP	AVENTURA FL 33180	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT D. SLEWETT
4.3 STREET ADDRESS	17071 W. DIXIE HIGHWAY
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33160
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HERBERT ZEMEL
6.3 STREET ADDRESS	4700-B SHERMAN STREET
6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 617, 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: Nathan Slewett **REQUIRE SIGNATURE** Nathan Slewett (305) 243-6665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)