

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90002 009 \*\*\*\*71.00

**DOCUMENT # N97000005209**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0784109**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GELB, MARTIN</b>	
STREET ADDRESS	<b>2801 LAKE AVE. SUNSET ISLAND 1</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRAVITZ, HAROLD</b>	
STREET ADDRESS	<b>7600 WEST 20TH AVE., SUITE 223</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLEWETT, NATHAN</b>	
STREET ADDRESS	<b>1501 N.W. 9TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136-9990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLEWETT, ROBERT</b>	
STREET ADDRESS	<b>17071 W DIXIE HWY</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ZENEL, HERBERT</b>	
STREET ADDRESS	<b>4700B SHERMAN ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED *Herbert Zenel* 9/12/01 (305) 243-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)