

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90446 001 ***770.00

DOCUMENT # N97000005209

1. Entity Name

NPF REHABILITATION, INC. - ILLINOIS

Principal Place of Business

Mailing Address

**1501 N.W. 9TH AVENUE
 BOB HOPE ROAD
 MIAMI FL 33136-9990**

**1501 N.W. 9TH AVENUE
 BOB HOPE ROAD
 MIAMI FL 33136-9990**

- 14488



DO NOT WRITE IN THIS SPACE

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	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	17071 W DIXIE HWY	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZENEL, HERBERT	
STREET ADDRESS	4700B SHERMAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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
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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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 14, 2002 (305) 243-8986
 Date Daytime Phone #

CR2E037 (9/01)