


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000802 (9)**

1. Corporation Name

**NPF REHABILITATION, INC. - FLORIDA**



Principal Place of Business <b>1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-9990</b>	Mailing Address <b>1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-1407</b>
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3. Date Incorporated or Qualified <b>03/10/1993</b>	3a. Date of Last Report <b>07/03/1996</b>
4. FEI Number <b>65-0392291</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. 801 BRICKELL AVENUE, 24TH FLOOR MIAMI FL 33131</b>
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10. Name and Address of New Registered Agent 81 Name <b>HAROLD KRAVITZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>7600 West 20th Avenue</b> 84 City <b>Hialeah</b> FL 85 Zip Code <b>33016</b>
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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 *[Signature]* **HAROLD KRAVITZ** DATE **4/16/97**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GELB, MARTIN</b> <b>2801 LAKE AVE SUNSET ISLAND 1</b> <b>MIAMI BEACH FL 33140</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KRAVITZ, HAROLD</b> <b>7800 W 20TH AVE SUITE 223</b> <b>HIALEAH FL 33016</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SLEWETT, NATHAN</b> <b>1501 NW 9TH AVE BOB HOPE ROAD</b> <b>MIAMI FL 33136-9990</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ZEMEL, HERBERT</b> <b>2875 NE 191ST ST, STE 304</b> <b>AIENTURA FL 33180</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>Vice President</b> <b>Emilio Alonso Mendoza</b> <b>8150 SW 53rd Avenue</b> <b>Miami, FL 33143</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>Director</b> <b>Robert Slewett</b> <b>767 Arthur Godfrey Rd</b> <b>Miami Beach, FL 33140</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)