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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000802 (9)**

1. Corporation Name

NPF REHABILITATION, INC. - FLORIDA



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
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3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

65-0392291

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GELB, MARTIN	
STREET ADDRESS	2801 LAKE AVE SUNSET ISLAND 1	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAVITZ, HAROLD	
STREET ADDRESS	7600 W 20TH AVE SUITE 223	
CITY-ST-ZIP	HALEAH FL 33016	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SLEWETT, NATHAN	
STREET ADDRESS	1501 NW 9TH AVE BOB HOPE ROAD	
CITY-ST-ZIP	MIAMI FL 33136-9990	

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	ZEMEL, HERBERT	
STREET ADDRESS	2875 NE 191ST ST, STE 304	
CITY-ST-ZIP	AVENTURA FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	AVENTURA FL, 33180

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALONSO-MENDOZA, EMILIO	
STREET ADDRESS	8150 SW 53RD AVE	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	MIAMI FL, 33143

TITLE	D	<input type="checkbox"/> DELETE
NAME	SLEWETT, ROBERT	
STREET ADDRESS	767 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BCH FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	MIAMI BEACH FL, 33140

14. 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 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.

SIGNATURE:



CR2E037 (10/97)