

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90204 034 ****70.00

DOCUMENT # N93000000802

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

65-0392291

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVE.
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

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

TITLE D
NAME GELB, MARTIN
STREET ADDRESS 2801 LAKE AVE SUNSET ISLAND 1
CITY-ST-ZIP MIAMI BEACH FL 33140

DELETE

TITLE D
NAME KRAVITZ, HAROLD
STREET ADDRESS 7600 W 20TH AVE SUITE 223
CITY-ST-ZIP HIALEAH FL 33016

DELETE

TITLE D
NAME SLEWETT, NATHAN
STREET ADDRESS 1501 NW 9TH AVE BOB HOPE ROAD
CITY-ST-ZIP MIAMI FL 33136-9990

DELETE

TITLE S
NAME ZEMEL, HERBERT
STREET ADDRESS 2875 NE 191ST ST, STE 304
CITY-ST-ZIP AIENTURA FL

DELETE

TITLE VP
NAME ALONSO-MENDOZA, EMILIO
STREET ADDRESS 8150 SW 53RD AVE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE D
NAME SLEWETT, ROBERT
STREET ADDRESS 767 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BCH FL

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

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

HERBERT ZEMEL
4700-B SHERMAN STREET
HOLLYWOOD, FL 33021

ROBERT D. SLEWETT
17071 W. DIXIE HIGHWAY
MIAMI BEACH, FL 33160

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0507(3)(a), 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, with all other like empowered.

SIGNATURE:

Nathan Slewett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 243-6668

CR2E037 (11/98)