

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N93000001458 (9)**

1. Corporation Name

**NPF REHABILITATION, INC. - CALIFORNIA**

Principal Place of Business

**1501 NW 9th Avenue  
Bob Hope Road  
Miami, Florida 33136-1494**

Mailing Address

**1501 NW 9th Avenue  
Bob Hope Road  
Miami, Florida 33136-1494**

3. Date Incorporated or Qualified

**03/31/1993**

3a. Date of Last Report

**04/95**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0400207**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Florida Registered Agents, Inc.  
100 SE 2nd Street  
36th Floor  
Miami, Florida 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

TITLE ☐ DELETE  
NAME **GELB, MARTIN**  
STREET ADDRESS **2801 LAKE AVENUE, SUNSET ISLAND**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ DELETE  
NAME **P KRAVITZ, HAROLD**  
STREET ADDRESS **7600 W. 20th AVENUE, Suite 223**  
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE ☐ DELETE  
NAME **D SLEWETT, NATHAN**  
STREET ADDRESS **1501 NW 9th AVENUE, BOB HOPE RD**  
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE ☐ DELETE  
NAME **D ZEMEL, HERBERT**  
STREET ADDRESS **3550 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒

Change Addition

**D ZEMEL, HERBERT  
2875 N.E. 191st St, Suite 304  
Aventura, FLORIDA 33180**

☐

Change Addition

**CE 5.1.96**

**200001850962**

**-06/04/96--01172--001**

**\*\*\*210.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Nathan Slewett**

**Chairman of Board**

**305-547-6666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De/ink: Phone #

CR2E037 (12/95)