

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001458 (9)**

1. Corporation Name

NPF REHABILITATION, INC. - CALIFORNIA



Principal Place of Business

Mailing Address

**1501 N.W. 9TH AVENUE
BOB HOPE ROAD
MIAMI FL 33136-1494**

**1501 N.W. 9TH AVENUE
BOB HOPE ROAD
MIAMI FL 33136-1407**

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

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3. Date Incorporated or Qualified
03/31/1993

3a. Date of Last Report
05/01/1996

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

**FL REGISTERED AGENTS INC.
100 SE 2ND ST
36TH FLOOR
MIAMI FL 33131**

81 Name **HAROLD KRAVITZ**

82 Street Address (P.O. Box Number is Not Acceptable)
7600 West 20th Avenue

83

84 City **Hialeah** **FL** **85** Zip Code **33016**

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

Harold Kravitz
Signature, typed or printed name of registered agent and agent acceptable

(NOTE: Registered Agent signature required when reinstating)

4/16/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D GELB, MARTIN**
STREET ADDRESS **2801 LAKE AVE SUNSET ISLAND 1**
CITY - ST - ZIP **MIAMI BEACH FL 3140**

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

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

TITLE ☐ DELETE
NAME **D ZEMEL, HERBERT**
STREET ADDRESS **2875 NE 191ST ST., SUITE 304**
CITY - ST - ZIP **AVENTURA FL 33180**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Secretary**
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Vice President**
5.3 STREET ADDRESS **Emilio Alonso-Mendoza**
5.4 CITY - ST - ZIP **8150 SW 53rd Avenue**
Miami, Florida 33143

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Director**
6.3 STREET ADDRESS **Robert Slowett**
6.4 CITY - ST - ZIP **767 Arthur bodfret Rd**
Miami Beach, Florida 33140

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.

SIGNATURE

Harold Kravitz

4/17/97 305-547-6666

CR2E037 (9/96)