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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001458

1. Corporation Name

NPF REHABILITATION, INC. - CALIFORNIA

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/31/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0400207	
City & State		City & State		5. Certificate of Status Desired	
23		28		X	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution	
29		30		X	

\$8.75 Additional Fee Required

\$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
85	Zip Code

FL

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	1.1 TITLE	
NAME	GELB, MARTIN	1.2 NAME	
STREET ADDRESS	2801 LAKE AVE SUNSET ISLAND 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 3140	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KRAVITZ, HAROLD	2.2 NAME	
STREET ADDRESS	7600 W 20TH AVE SUITE 223	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SLEWETT, NATHAN	3.2 NAME	
STREET ADDRESS	1501 NW 9TH AVE BOB HOPE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136-9990	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ZEMEL, HERBERT	4.2 NAME	HERBERT ZEMEL
STREET ADDRESS	2875 NE 191ST ST., SUITE 304	4.3 STREET ADDRESS	4700-B SHERMAN STREET
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VP	5.1 TITLE	
NAME	ALONSO-MENDOZA, EMILJO	5.2 NAME	
STREET ADDRESS	8150 SW 53RD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SLEWETT, ROBERT	6.2 NAME	ROBERT D. SLEWETT
STREET ADDRESS	767 ARTHUR GODFREY RD	6.3 STREET ADDRESS	17071 W. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI BCH FL 33140	6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33160

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated, 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.

I hereby certify that the information

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (11/98)