

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001458

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0400207

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS ZEMEL, HERBERT  
CITY-ST-ZIP 4700-B SHERMAN STREET  
HOLLYWOOD FL 33021

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SLEWETT, ROBERT D  
CITY-ST-ZIP 17071 W. DIXIE HWY  
MIAMI BEACH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Herbert Zemel*

Date

Daytime Phone #

FILED  
Sep 12, 2001 8:00 am  
Secretary of State

09-12-2001 90002 011 \*\*\*\*71.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)