FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:45

DOCUMENT # **N93000001460 (5)**

1. Corporation Name

NPF REHABILITATION, INC. - PENNSYLVANIA

Principal Place of Business	Mailing Address
1501 NW 9TH AVE BOB HOPE ROAD MIAMI FL 33136-1494	1501 NW 9TH AVE BOB HOPE ROAD MIAMI FL 33136-1494

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 05/27/1994
4. FEI Number: 65-0400209 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST
36TH 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	GELB, MARTIN	12 NAME	
STREET ADDRESS	2801 LAKE AVE SUNSET ISLAND 1	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	KRAVITZ, HAROLD	22 NAME	
STREET ADDRESS	7600 W 20TH AVE SUITE 223	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SLEWETT, NATHAN	32 NAME	
STREET ADDRESS	1501 NW 9TH AVE BOB HOPE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136-9990	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ZEMEL, HERBERT	42 NAME	
STREET ADDRESS	3550 BISCAYNE BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	MENDOZA, EMILIO A	52 NAME	REMOVE FROM LISTING
STREET ADDRESS	634 ALTARA	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	SLEVETT, ROBERT S	62 NAME	REMOVE FROM LISTING
STREET ADDRESS	767 ARTHUR GODFREX RD.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 33140	64 CITY-ST-ZIP	

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)(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: Martin Gelb Chairman of the Board April 5, 1995 305-547-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007881