

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 # 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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/31/1993

3a. Date of Last Report

04/13/1995

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

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 ST  
36TH FLOOR  
MIAMI FL 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 terminating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME GELB, MARTIN  
STREET ADDRESS 2801 LAKE AVE SUNSET ISLAND 1  
CITY-ST-ZIP MIAMI BEACH FL 33140

P ☐ DELETE

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

D ☐ DELETE

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

D ☐ DELETE

NAME ZEMEL, HERBERT  
STREET ADDRESS 3550 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

☐ DELETE

NAME  
STREET ADDRESS

☐ 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 ☐ 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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001850959  
-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman of Board

Date

305-547-6666

Daytime Phone #

CR2E037 (12/95)