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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

DOCUMENT # N93000001460 (5)

1. Corporation Name

NPF REHABILITATION, INC. - PENNSYLVANIA



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

Mailing Address
1501 NW 9TH AVE
BOB HOPE ROAD
MIAMI FL 33136-1407

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/31/1993

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

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

FLORIDA 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)

83

7600 West 20th Avenue

84 City

Hialeach

FL

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

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

HAROLD KRAVITZ

(NOTE: Registered Agent signature required when reinstating)

4/16/97

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE Secretary
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Vice President
5.2 NAME Emilio Alonso-Mendoza
5.3 STREET ADDRESS 8150 SW 63rd Avenue
5.4 CITY-ST-ZIP Miami, FL 33143

6.1 TITLE Director
6.2 NAME Robert Slewett
6.3 STREET ADDRESS 767 Arthur Godfrey Rd
6.4 CITY-ST-ZIP Miami Beach, FL 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

4/17/97

305-547-6660

CR2E037 (9/96)