

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001460

1. Entity Name

NPF REHABILITATION, INC. - PENNSYLVANIA

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90797 019 ****70.00

Principal Place of Business Mailing Address
1501 NW 9TH AVE 1501 NW 9TH AVE
BOB HOPE ROAD BOB HOPE ROAD
MIAMI FL 33136-1494 MIAMI FL 33136-1407

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 65-0400209 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 HERBERT ZEMEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

Daytime Phone #

CR2E037 (9/99)