2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300001460

1. Entity Name

NPF RE	HABILITATION, INC PEN	INSYLVAN	NIA			À	09-12-2001 90002 0	003 ****71.	00	
Principal Place of Business Maili			g Address			7				
BOB HOPE ROAD B		BOB	1501 NW 9TH AVE BOB HOPE ROAD MIAMI FL 33136-1494			1 (00)(16)	IN INISA IIRII ARIII NAIII ARIII ARIII	02401 11 4 51 01010 1)(()) 40)(8 10)	
2. Principal Place of Business 3. Ma			Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number	4. FEI Number 65-0400209			
Zip Country		Zi	Zip . Cou		intry	5. Certificate of	5. Certificate of Status Desired \$8.75 Addition Fee Required		itional	
	6. Name and Address of Curr	ed Agent			7. Name and A	7. Name and Address of New Registered Agent				
AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL		City				FL	Zip Code	 :		
8. The above	named entity submits this statement in a statement					istered agent, or both,	in the state of Florida.			
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	3	11.		ADDITIONS/CHAN	IGES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T GELB, MARTIN 2801 LAKE AVE SUNSET IS MIAMI BEACH FL 33140	.AND 1	☐ Delete		I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAVITZ, HAROLD 7600 W 20TH AVE SUITE 22 HIALEAH FL 33016	3	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEWETT, NATHAN 1501 NW 9TH AVE BOB HO MIAMI FL 33136-9990	PE ROAD	☐ Delete		i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEMEL, HERBERT 4700-B SHERMAN ST HOLLYWOOD FL 33021		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEWETT, ROBERT 17071 W DIXIE HWY MIAMI BEACH FL 33160		□ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS		. • • •	☐ Delete	TITL NAM STR	l l			☐ Change	☐ Addition .	

12. I hereby certify that the information supplied with this jiling 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 eport 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.

CITY-ST-ZIP

SIGNATURE:

FILED

Sep 12, 2001 8:00 am Secretary of State