

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001460

1. Entity Name

NPF REHABILITATION, INC. - PENNSYLVANIA

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90446 001 ***770.00

UJ/2834

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

- 14489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0400209

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
GELB, MARTIN
2801 LAKE AVE SUNSET ISLAND 1
MIAMI BEACH FL 33140

☐ Delete

☐ Change ☐ Addition

P
KRAVITZ, HAROLD
7600 W 20TH AVE SUITE 223
HIALEAH FL 33016

☐ Delete

☐ Change ☐ Addition

D
SLEWETT, NATHAN
1501 NW 9TH AVE BOB HOPE ROAD
MIAMI FL 33136-9990

☐ Delete

☐ Change ☐ Addition

S
ZEMEL, HERBERT
4700-B SHERMAN ST
HOLLYWOOD FL 33021

☐ Delete

☐ Change ☐ Addition

D
SLEWETT, ROBERT
17071 W DIXIE HWY
MIAMI BEACH FL 33160

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-02 (305) 243-2986

CR2E037 (9/01)