

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90382 001 ***490.00

66416726



DOCUMENT # N93000001460 1. Entity 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 33136-1494		
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				JOSE GARCIA-PEDROSA Street Address (P.O. Box Number is Not Acceptable) 1501 NW 9 AVE MIAMI FL 33136	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE JOSE GARCIA-PEDROSA <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	T <input type="checkbox"/> Delete				
NAME	GELB, MARTIN				
STREET ADDRESS	2801 LAKE AVE SUNSET ISLAND 1				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
TITLE	P <input type="checkbox"/> Delete				
NAME	KRAVITZ, HAROLD				
STREET ADDRESS	7600 W 20TH AVE SUITE 223				
CITY-ST-ZIP	HIALEAH, FL 33016				
TITLE	D <input type="checkbox"/> Delete				
NAME	SLEWETT, NATHAN				
STREET ADDRESS	1501 NW 9TH AVE BOB HOPE ROAD				
CITY-ST-ZIP	MIAMI, FL 331369990				
TITLE	S <input type="checkbox"/> Delete				
NAME	ZEMEL, HERBERT				
STREET ADDRESS	4700-B SHERMAN ST				
CITY-ST-ZIP	HOLLYWOOD, FL 33021				
TITLE	D <input type="checkbox"/> Delete				
NAME	SLEWETT, ROBERT				
STREET ADDRESS	17071 W DIXIE HWY				
CITY-ST-ZIP	MIAMI BEACH, FL 33160				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> 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: NATHAN SLEWETT <i>Nathan Slewett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					