

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**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

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**55002304**



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 #

CR2E037 (10/02)