


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90018 031 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000005209</b>					
1. Corporation Name <b>NPF REHABILITATION, INC. - ILLINOIS</b>					
Principal Place of Business 1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-9990			Mailing Address 1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-9990		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0784109	
City & State		City & State		5. Certificate of Status Desired	
23		28		X	
Zip		Country		8.75 Additional Fee Required	
24		25		29	
Country		Country		30	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE		Change	Addition
NAME	GELB, MARTIN			1.2 NAME			
STREET ADDRESS	2801 LAKE AVE. SUNSET ISLAND 1			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE		Change	Addition
NAME	KRAVITZ, HAROLD			2.2 NAME			
STREET ADDRESS	7600 WEST 20TH AVE., SUITE 223			2.3 STREET ADDRESS			
CITY-ST-ZIP	HALEAH FL 33016			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE		Change	Addition
NAME	SLEWETT, NATHAN			3.2 NAME			
STREET ADDRESS	1501 N.W. 9TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33136-9990			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE		Change	Addition
NAME	SLEWETT, ROBERT			4.2 NAME			
STREET ADDRESS	767 ARTHUR GODFREY ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			4.4 CITY-ST-ZIP			
TITLE	VP	DELETE		5.1 TITLE		Change	Addition
NAME	ALONSO-MENDOZA, EMILIO			5.2 NAME			
STREET ADDRESS	8150 53RD AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			5.4 CITY-ST-ZIP			
TITLE	S	DELETE		6.1 TITLE		Change	Addition
NAME	ZENEL, HERBERT			6.2 NAME			
STREET ADDRESS	2875 NE 191ST, SUITE 304			6.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this annual report or supplemental annual report is true and accurate and that my signature as 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nathan Slewe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 243-6665

CR2E037 (11/98)