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NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700005212 (2)

NPF REHABILITATION, INC. - COLORADO

FILED May 18 1998 8:00am Secretary of State

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	e of Business	Mailing Address			j					
1501 N.W. 5TH AVENUE BOB HOPE ROAD MIAM FL 33136-9990		1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-9990				3. Date Incorporated or Qualified 09/15/1997				
HERMI 1 C 99100	1.000	MINMI 1 E 00130-3330			4. FEI Number	A 1101	111	— →	Applied For	
0 Diameter (D	N	96 14 95 2 2 3			05	0489	117		Not Applicable	
z. Principal P	Place of Business	28. Mailing Address			5. Certificate of	Status Desired			Additional	
Suite, Apt	# etc	Suite, Apt. #, etc.			P. Floor Co.				Required	
2	n, 0.0.	27			6. Election Camp Trust Fund Co	•	П		May Be to Fees	
City & State	6	City & State			7. Is this nonpro		_=_			
:3		28			10 10 10 10 10 10		_ ~] No		
Zip	Country	Zip	Coun	try	8. This corporati	on owes or has p	aid the curr	ent year I	ntangible	
4	25	29	30]			erty Tax due Jun			□ No	
	9. Name and Address of Curr	rent Registered Agent		<u></u>	10. Name and A	dress of New R	egistered A	gent		
			ļ,	I1 Name						
	AN INFORMATION SERVICES,	INC.	10	32 Street	Address (P.O. Box Numb	er is Not Accepta	able)			
	I. 3RD AVENUE		ļ.	13						
28TH FL	*			"						
Mami Fl	, 33131			4 City			C!	85 Zig	Code	
11. Purculant	to the provisions of Sections 617.0	1502 and 617 1508 Florida Sta	tutes the shy	We barred	Lornaration submits this	statement for the	FL.	chancing	ite registere	
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Florida. Such change wa	as authorized	by the cor	poration's board of direct	ors. I hereby acce	ept the appo	ointment a	is registered	
	im familiar with, and accept the ob	digations of, Section 617.0503,	. Florida Statu	tes.						
SIGNATURE _	Signature, typed or printed name of registered	agest and title if applicable (A								
			NOTE Bonisterort	Anent signature	e required when reinclation)					
	<u> </u>	AND DIRECTORS	NOTE Registered /	Agent signature	e required when reinstating) ADDITIONS/CH	IANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12	
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