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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005212

1. Corporation Name

NPF REHABILITATION, INC. - COLORADO

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 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/15/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0784117	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELB, MARTIN	1.2 NAME	
STREET ADDRESS	2801 LAKE AVENUE SUNSET ISLAND 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAVITZ, HAROLD	2.2 NAME	
STREET ADDRESS	7600 WEST 20TH AVE., SUITE 223	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEWETT, ROBERT	4.2 NAME	ROBERT D. SLEWETT
STREET ADDRESS	767 ARTHUR GODFREY ROAD	4.3 STREET ADDRESS	17071 W. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33160
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONAO-MENDOZA, RMILIO	5.2 NAME	
STREET ADDRESS	8150 SW 53RD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEMEL, HERBERT	6.2 NAME	HERBERT ZEMEL
STREET ADDRESS	2875 NE 191ST STREET, SUITE 304	6.3 STREET ADDRESS	4700-B SHERMAN STREET
CITY-ST-ZIP	AVENTURA FL 33180	6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021

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 shall have the same legal effect as it 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nathan Slewett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 243-6668

CR2E037 (1/98)