FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am Secretary of State DOCUMENT # N97000005212 NPF REHABILITATION, INC. - COLORADO 02-25-2002 90446 001 \*\*\*770.00 Principal Place of Business Mailing Address 1501 N.W. 9TH AVENUE 1501 N.W. 9TH AVENUE BOB HOPE ROAD BOB HOPE ROAD 14486 MIAMI FL 33136-9990 MIAMI FL 33136-9990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0784117 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR City Zip Code FL **MIAMI FL 33131** 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME GELB, MARTIN NAME STREET ADDRESS STREET ADDRESS 2801 LAKE AVENUE SUNSET ISLAND 1 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME KRAVITZ, HAROLD NAME STREET ADDRESS 7600 WEST 20TH AVE., SUITE 223 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 TITLE D ☐ Delete TITLE ☐ Change Addition SLEWETT, NATHAN NAME STREET ADDRESS 1501 N.W. 9TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33136-9990 TITLE Delete TITLE ☐ Change Addition NAME SLEWETT, ROBERT NAME STREET ADDRESS STREET ADDRESS 17071 W. DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33160 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME ZEMEL, HERBERT NAME STREET ADDRESS 4700-B SHERMAN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNAT FURE REQUIBED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR