

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90382 001 \*\*\*490.00

**DOCUMENT # N97000005212**

1. Entity 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**

**66416724**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0784117**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

**JOSE GARCIA-PEDROSA**

Street Address (P.O. Box Number is Not Acceptable)

**1501 NW 9 AVE**

**MIAMI**

**FL 33136**

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 **JOSE GARCIA-PEDROSA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE **D** ☐ Delete  
NAME **GELB, MARTIN**  
STREET ADDRESS **2801 LAKE AVENUE SUNSET ISLAND 1**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KRAVITZ, HAROLD**  
STREET ADDRESS **7600 WEST 20TH AVE., SUITE 223**  
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SLEWETT, NATHAN**  
STREET ADDRESS **1501 N.W. 9TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 331369990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SLEWETT, ROBERT**  
STREET ADDRESS **17071 W. DIXIE HWY**  
CITY-ST-ZIP **MIAMI BEACH, FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **ZEMEL, HERBERT**  
STREET ADDRESS **4700-B SHERMAN ST**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **NATHAN SLEWETT -**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #