


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005214 (8)**

1. Corporation Name

NPF REHABILITATION, INC. - KANSAS

Principal Place of Business

Mailing Address

**1501 N.W. 9TH AVENUE
BOB HOPE ROAD
MIAMI FL 33136-9990**

**1501 N.W. 9TH AVENUE
BOB HOPE ROAD
MIAMI FL 33136-9990**

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

65-0784102

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D KRAVITZ, HAROLD**
STREET ADDRESS **7800 WEST 20TH AVE., SUITE 223**
CITY-ST-ZIP **HALEAH FL 33016**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SLEWETT, NATHAN**
STREET ADDRESS **1501 N.W. 9TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33136-9990**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SLEWETT, ROBERT**
STREET ADDRESS **787 ARTHUR GODFREY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

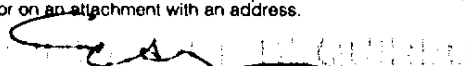
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VP ALONSO - MENDOZA ENILIO**
5.3 STREET ADDRESS **8150 SW 53RD AVE**
5.4 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **S EAGEL, HERBERT**
6.3 STREET ADDRESS **2875 NW 191ST., SUITE 304**
6.4 CITY-ST-ZIP **AVENUE FL 33190**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



4/27/98 (305) 2436664

CR2E037 (10/97)