

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90018 032 ****70.00

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1. Corporation Name

NPF REHABILITATION, INC. - KANSAS

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
09/15/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0784102

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

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

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

TITLE **D** ☐ DELETE
NAME **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 **D** ☐ DELETE
NAME **SLEWETT, ROBERT**
STREET ADDRESS **767 ARTHUR GODFREY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **ROBERT D. SLEWETT**
4.3 STREET ADDRESS **17071 W. DIXIE HIGHWAY**
4.4 CITY-ST-ZIP **MIAMI BEACH, FL 33160**

TITLE **VP** ☒ DELETE
NAME **ALONSO-MENDOZA, EMILIO**
STREET ADDRESS **8150 SW 53RD AVE**
CITY-ST-ZIP **MIAMI FL 33143**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **ZEMEL, HERBERT**
STREET ADDRESS **2875 NE 191ST STE 304**
CITY-ST-ZIP **AVENTURA FL 33180**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **HERBERT ZEMEL**
6.3 STREET ADDRESS **4700-B SHERMAN STREET**
6.4 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

14. I hereby certify that the information furnished 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)