

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90002 007 ****71.00

DOCUMENT # N97000005214

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0784102

Applied For

Not Applicable

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

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

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete
 NAME **D 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 ☐ Delete
 NAME **S 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:

SIGNATURE REQUIRED *Herbert Zemel*

9/12/01

(305) 293-4830

CR2E037 (5/01)