1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700005215

1. Corporation Name

NPF REHABILITATION, INC. - TEXAS

Principal Place of Business 1501 N.W. 9TH AVENUE BOB HOPE ROAD MIAMI FL 33136-9990

2. Principal Place of Business

21

Mailing Address

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

2a. Mailing Address

26

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90204 033 ****70.00



3. Date Incorporated or Qualifed

09/15/1997

City & State Ci	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. PEI Number	Apr	DIEG FOI
City & State Ci	22		27			65-0783759	Not	Applicable
Zip Country Zip Country Alp Country Alp Country 6. Election Campaign Financing St.00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10	City & Stat	City & State		City & State		5. Certifcate of Status Desired	Status Desired III	
30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 15. FL 85 Zip Code 16. City FL 85 Zip Code 17. Pursuant to the provisions of Sections 617.0502 and 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 16. City FL 85 Zip Code 17. Pursuant to the provisions of Sections of 17.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 16. City FL 85 Zip Code 17. Pursuant to the provisions of Sections 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of the above named corporation submits this statement for the purpose of changing its registered agent		Country		Countr	v	6 Election Campaign Financing	\$5.00	May Re
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 16. Name and Address of New Registered Agent 17. 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 Florids. Such change was authorized by the Corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 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, and making the purpose of changing its registered office or registered agent age	- '	— — — — — — — — — — — — — — — — — — —			,		•	
AMERICAN INFORMATION SERVICES, INC. ONE S.E. SRD AVENUE 28TH FLOOR MIAMIR FL 33131 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, and state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and time if applicable. 11. Pursuant to the provisions of Section 617,0502, Florida Statutes. 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZP TITLE D GELB, MARTIN 12. TITLE D GELB, MARTIN 12. TITLE D GELB, MARTIN 13. STREET ADDRESS CRAFT ADDRESS CRAFT ADDRESS CRAFT ADDRESS CRAFT D. SLEWETT, NATHAN 14. CITY-ST-ZP TITLE D D DELETE 31. TITLE Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. STREET ADDRESS CRAFT ADDRESS CRAFT NATHAN 32. STREET ADDRESS CRAFT NATHAN 34. CITY-ST-ZP MIAMIR PL 33336-9990 14. CITY-ST-ZP MIAMIR PL 33336-9990 15. CANAGE TOTAL W. DIXIE HIGHWAY								
ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI FL 33131 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, hyped or printed remie of registered agent and title if appointment. (NOTE: Registered Agent signature required when reinstating) DATE	.	o. Hame and Address of Carrons	rogistor our regent	8	Name	· · · · · · · · · · · · · · · · · · ·		•
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office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's dual of directors. Hereby accept the appointment of registered agent and the if appricable. SIGNATURE Signature, typed or printed meme of registered agent and the if appricable. (NOTE: Registered Agent signature required when reinstating) DATE					'		L	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D NAME GELB, MARTIN STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 DELETE 1.1 TITLE D NAME KRAVITZ, HAROLD STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 DELETE 1.1 TITLE D NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 DELETE 2.1 TITLE D NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 DELETE 3.1 TITLE D NAME SLEWETT, NATHAN SLEWETT, NATHAN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33136-9990 DELETE D DELETE Addition Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Addition NAME SLEWETT, ROBERT SLEWETT, ROBERT AND DIXIE HIGHWAY			,					1
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MAMI BEACH FL 33140 1.4 CITY-ST-ZIP TITLE D	NAME	GELB, MARTIN		1.2 NAME				
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	STREET ADDRESS			4.3 STRF	ET ADDRESS		•	ļ
MIAMI BEACH, FL 33160	CITY-ST-ZIP	I 74 - 1	,			MIAMI BEACH, FL 33160		
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NAME ALONSO-MENDOZA, ELILIO 52 NAME		1 **	<u> </u>	5.2 NAME				
STREET ADDRESS 8150 SW 53RD ÁVE 5.3 STREET ADDRESS		I	•	5.3 STRE	ET ADDRESS	S		
CITY-ST-ZIP MIAMI FL 32180 5.4 CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE DELETE 6.1 TITLE Secretary Addition		INDUME I E OF 100	☐ DELETE	6.1 TITLE		Secrotary.	Change	Addition
62 NAME HERBERT ZEMEL		·		6.2 NAME	į	HERBERT ZEMEL		-
STREET ADDRESS 4700-B SHERMAN STREET				6.3 STRE	ET ADDRESS	4700-B SHERMAN STREET		
CLOW ST 70 LIGHT VIVOOD FL 33021						HOLLYWOOD, FL 33021		
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	14. hereby	L certify that the information supplied with	this filing does not qualify			ed in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the in	nformation

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: