

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005225

1. Entity Name

NPF REHABILITATION, INC. - MISSOURI

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 33136-1407

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

65-0784112

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

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
STREET ADDRESS GELB, MARTIN
CITY-ST-ZIP 2801 LAKE AVENUE SUNSET ISLAND 1
MIAMI BEACH FL 33140

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

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

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

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SLEWETT, ROBERT
CITY-ST-ZIP 17071 W DIXIE HWY
MIAMI BEACH FL 33180

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

TITLE ☐ Delete
NAME S
STREET ADDRESS ZEMEL, HERBERT
CITY-ST-ZIP 4700 B SHERMAND ST
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)