

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005225

1. Entity Name

NPF REHABILITATION, INC. - MISSOURI

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90446 001 \*\*\*770.00

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

65-0784112

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 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 AVENUE SUITE 223**  
CITY-ST-ZIP **HALEAH 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 SHERMAND 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-02 (305) 243-2986

CR2E037 (9/01)