


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90382 001 ***490.00

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 33136-9990

00410727

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03092004 Chg-NP CR2E037 (10/03)

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
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
JOSE GARCIA-PEDROSA
 Street Address (P.O. Box Number is Not Acceptable)
1501 NW 9 AVE
MIAMI **FL** **33136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSE GARCIA-PEDROSA** *for: Haulak*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GELB, MARTIN	
STREET ADDRESS	2801 LAKE AVENUE SUNSET ISLAND 1	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAVITZ, HAROLD	
STREET ADDRESS	7600 WEST 20TH AVENUE SUITE 223	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLEWETT, NATHAN	
STREET ADDRESS	1501 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 331369990	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLEWETT, ROBERT	
STREET ADDRESS	17071 W DIXIE HWY	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZEMEL, HERBERT	
STREET ADDRESS	4700 B SHERMAND ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: NATHAN SLEWETT *Nate Slewett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #