

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

00416727



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

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

03092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0784112

Applied For
Not Applicable

Zip Country Zip Country

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

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D ☐ Delete
NAME SLEWETT, NATHAN
STREET ADDRESS 1501 N.W. 9TH AVENUE
CITY-ST-ZIP MIAMI, FL 331369990

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

TITLE D ☐ Delete
NAME 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 S ☐ Delete
NAME 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: NATHAN SLEWETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #