

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90491 001 \*\*\*770.00

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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**

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

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GELB, MARTIN</b>	
STREET ADDRESS	<b>2801 LAKE AVENUE SUNSET ISLAND 1</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRAVITZ, HAROLD</b>	
STREET ADDRESS	<b>7600 WEST 20TH AVENUE SUITE 223</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLEWETT, NATHAN</b>	
STREET ADDRESS	<b>1501 N.W. 9TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136-9990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLEWETT, ROBERT</b>	
STREET ADDRESS	<b>17071 W DIXIE HWY</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ZEMEL, HERBERT</b>	
STREET ADDRESS	<b>4700 B SHERMAND ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> Delete
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
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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: ~~SIGNATURE REQUIRED~~

1/27/03

CR2E037 (10/02)