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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006193 (3)**

1. Corporation Name

NPF REHABILITATION, INC.-LOUISIANA

Principal Place of Business

Mailing Address

**1501 NW 9 AVE BOB HOPE ROAD
MIAMI FL 33136-9990**

**1501 NW 9 AVE BOB HOPE ROAD
MIAMI FL 33136-9990**

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

65-0799681

Applied For

Not Applicable

6. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

8. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES
ONE SE 3 AVE 28 FL
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D GELB, MARTIN**
STREET ADDRESS **2801 LAKE AVE SUNSET ISL 1**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME **D KRAVITZ, HAROLD**
STREET ADDRESS **7600 W 20 AVE STE 223**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ DELETE

NAME **D SLEWETT, NATHAN**
STREET ADDRESS **1501 NW 9 AVE BOB HOPE ROAD**
CITY-ST-ZIP **MIAMI FL 33136-9990**

TITLE ☐ DELETE

NAME **D SLEWETT, ROBERT**
STREET ADDRESS **767 ARTHUR GODFREY ROAD**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **VP ALANZO - MENDOZA, ENILIO**

5.3 STREET ADDRESS **8150 SW 53RD AVE**

5.4 CITY-ST-ZIP **MIAMI FL 33143**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **SENEL HERBERT**

6.3 STREET ADDRESS **2875 NE 191ST, SUITE 304**

6.4 CITY-ST-ZIP **AVENTURA FL 33180**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 (305)243-6664

CR2E037 (10/97)