

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90204 035 \*\*\*\*70.00

**DOCUMENT # N97000006193**

1. Corporation Name

**NPF REHABILITATION, INC.-LOUISIANA**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**11/03/1997**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0798681**

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **2805 Lake Ave, Sunset Island #1**  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Robert Slewett**  
4.3 STREET ADDRESS **17071 W Dixie Highway**  
4.4 CITY-ST-ZIP **N. Miami Beach, FL 33160**

TITLE **VP** ☒ DELETE  
NAME **ALONSO-MENDOZA, EMILIO**  
STREET ADDRESS **8150 SO 53RD AVE**  
CITY-ST-ZIP **MIAMI FL 33143**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **ZEMEL, HERBERT**  
STREET ADDRESS **2875 NE 191 ST STE 304**  
CITY-ST-ZIP **AVENTURA FL 33180**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Herbert Zemel**  
6.3 STREET ADDRESS **4700-B Sherman St.**  
6.4 CITY-ST-ZIP **Hollywood, FL 33021**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nathan Slewett (305) 243-6668**  
Date Daytime Phone #

0030242

CR2E037 (11/98)