

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006193**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GELB, MARTIN**
STREET ADDRESS **2805 LAKE AVE, SUNSET ISLAND #1**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE **D** ☐ Delete
NAME **KRAVITZ, HAROLD**
STREET ADDRESS **7600 W 20 AVE STE 223**
CITY-ST-ZIP **HIALEAH FL 33016**TITLE **D** ☐ Delete
NAME **SLEWETT, NATHAN**
STREET ADDRESS **1501 NW 9 AVE BOB HOPE ROAD**
CITY-ST-ZIP **MIAMI FL 33136-9990**TITLE **D** ☐ Delete
NAME **SLEWETT, ROBERT**
STREET ADDRESS **17071 W. DIXIE HWY**
CITY-ST-ZIP **MIAMI BCH FL 33160**TITLE **S** ☐ Delete
NAME **ZEMEL, HERBERT**
STREET ADDRESS **4700-B SHERMAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: _____

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

Date

Daytime Phone #

FILED**Feb 25, 2002 8:00 am
Secretary of State**

02-25-2002 90446 001 ***770.00

14482

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0798681

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 19/01)