

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N97000006706 (2)**

1. Corporation Name

NPF REHABILITATION, INC. - OHIO



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|---|---|
| Principal Place of Business 1501 NW 9TH AVENUE, BOB HOPE ROAD MIAMI FL 33136-9990 | Mailing Address 1501 NW 9TH AVENUE, BOB HOPE ROAD MIAMI FL 33136-9990 |
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| 3. Date Incorporated or Qualified 12/02/1997 |
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|------------------------------------|--|
| 4. FEI Number 65-0798670 | Applied For <input type="checkbox"/> Not Applicable |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE 28TH FLOOR MIAMI FL 33131 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | GELB, MARTIN |
| STREET ADDRESS | 2801 LAKE AVENUE SUNSET ISLAND 1 |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | KRAVITZ, HAROLD |
| STREET ADDRESS | 7600 WEST 20TH AVENUE SUITE 223 |
| CITY-ST-ZIP | HALEAH FL 33016 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SLEWETT, NATHAN |
| STREET ADDRESS | 1501 NW 9TH AVENUE, BOB HOPE ROAD |
| CITY-ST-ZIP | MIAMI FL 33136-9990 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SLEWETT, ROBERT |
| STREET ADDRESS | 767 ARTHUR GODFREY ROAD |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | VP ALONSO - VANDORA, ENILIO |
| 5.3 STREET ADDRESS | 8150 SW 53RD AVE |
| 5.4 CITY-ST-ZIP | MIAMI FL 33143 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | SENEL HERBERT |
| 6.3 STREET ADDRESS | 2875 NE 191ST, SUITE 304 |
| 6.4 CITY-ST-ZIP | MIAMI 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: _____ DATE: **6/27/98 (305) 243-6666**

CP2E037 (10/97)