

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

JAN 25 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006604

1. Corporation Name

NPF CARE CENTER OF FLORIDA, INC.

Principal Place of Business

1501 N.W. 9TH AVENUE
BOB HOPE ROAD
MIAMI FL 33136-1494

Mailing Address

1501 N.W. 9TH AVENUE
BOB HOPE ROAD
MIAMI FL 33136-1494

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1998

5. FEI Number

65-0876702

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ZEMEL, HERBERT C	1501 N.W. 9TH AVENUE	MIAMI FL 33136
VPD	SLEWETT, NATHAN	1501 N.W. 9TH AVENUE	MIAMI FL 33136
SD	KRAVITZ, HAROLD P	1501 N.W. 9TH AVENUE	MIAMI FL 33136
TD	ARTY, DANIEL	1501 N.W. 9TH AVENUE	MIAMI FL 33136
D	GELB, MARTIN J	1501 N.W. 9TH AVENUE	MIAMI FL 33136
D	SLEWETT, ROBERT D	1501 N.W. 9TH AVENUE	MIAMI FL 33136

8. Name and Address of Current Registered Agent

KRAVITZ, HAROLD P
7600 W. 20TH AVENUE
SUITE #223
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name

HERBERT ZEMEL, ESQ

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

ZEMEL & KAUFMAN, P.A.

Suite, Apt. #, Etc.

4700-B SHERIDAN STREET

City

HOLLYWOOD

State

FL

Zip Code

33021

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/13/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300003131043--3

-02/10/00--01036--024

****306.29****306.25

Date

Daytime Phone #

(305) 243-4830