

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90206 004 \*\*\*\*70.00

<b>DOCUMENT # N98000006604</b> 1. Entity Name <b>NPF CARE CENTER OF FLORIDA, INC.</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0876702</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERBERT, ZEMEL ESQ. ZEMEL & KAUFMAN, P.A. 4700-B SHERIDAN STREET HOLLYWOOD, FL 33021			Name <b>JOSE GARCIA-PEDROSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1501 NW 9 AVE</b> City <b>MIAMI</b> <b>FL</b> <b>33136</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>JOSE GARCIA-PEDROSA</b> <i>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEMEL, HERBERT C 1501 N.W. 9TH AVENUE MIAMI, FL 331361494	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLEWETT, NATHAN 1501 N.W. 9TH AVENUE MIAMI, FL 331361494	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAVITZ, HAROLD P 1501 N.W. 9TH AVENUE MIAMI, FL 331361494	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARTY, DANIEL 1501 N.W. 9TH AVENUE MIAMI, FL 331361494	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELB, MARTIN J 1501 N.W. 9TH AVENUE MIAMI, FL 331361494	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEWETT, ROBERT D 1501 N.W. 9TH AVENUE MIAMI, FL 331361494	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: NATHAN SLEWETT - CHAIRMAN</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> <small>Daytime Phone #</small>	