

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001002
A1:

DOCUMENT # L95000000256

1. Entity Name
COMMONS REHAB I, L.C.

Principal Place of Business 1325 W. COLONIAL SUITE 200 ORLANDO FL 32804	Mailing Address 1325 W. COLONIAL SUITE 200 ORLANDO FL 32804-7133
2. Principal Place of Business 2600 Technology Drive Suite, Apt. #, etc. Suite 200 City & State Orlando, FL 32804	3. Mailing Address 2600 Technology Drive Suite, Apt. #, etc. Suite 200 City & State Orlando, FL 32804
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3308024** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent KANAN, BRADFORD S 1325 W. COLONIAL SUITE 200 ORLANDO FL 32804	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM COMMONS MEDICAL DEVELOPMENT, INC. STREET ADDRESS 1325 W. COLONIAL DRIVE CITY-ST-ZIP ORLANDO FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM KANAN, BRADFORD S STREET ADDRESS 1325 W. COLONIAL CITY-ST-ZIP ORLANDO FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300003273553--9 06/01/00-01056--019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM KANAN, RHONDA J STREET ADDRESS %1325 W. COLONIAL CITY-ST-ZIP ORLANDO FL 32804	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)