

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0003622

**DOCUMENT # L95000000256**

1. Entity Name

**COMMONS REHAB I, L.C.**

03-29-2002 91211 025 \*\*\*\*\*50.00

Principal Place of Business

2600 TECHNOLOGY DRIVE, STE. 200  
 ORLANDO FL 32804

Mailing Address

2600 TECHNOLOGY DRIVE, STE. 200  
 ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3308024**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANAN, BRADFORD S**  
**1325 W. COLONIAL**  
**SUITE 200**  
**ORLANDO FL 32804**

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>COMMONS MEDICAL DEVELOPMENT, INC.</b> <b>2600 TECHNOLOGY DRIVE, STE. 200</b> <b>ORLANDO FL 32804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>KANAN, BRADFORD S</b> <b>2600 TECHNOLOGY DRIVE, STE. 200</b> <b>ORLANDO FL 32804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>KANAN, RHONDA J</b> <b>2600 TECHNOLOGY DRIVE, STE. 200</b> <b>ORLANDO FL 32804</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-12-02 407.425.8454**

Date Daytime Phone #

CR2E083 (9/01)