

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90051 032 \*\*\*\*50.00

**DOCUMENT # L95000000256**

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



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: Suite, Apt. #, etc. / City & State / Zip / Country  
3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



CHECK HERE IF MAKING CHANGES

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**

**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): **2600 Technology Drive**  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

**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		<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"/> 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 **Jan 10, 03** Date \_\_\_\_\_ Daytime Phone #

CR2E083 (10/02)