File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Sahdra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR -2 AM 10: 30 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT # L95000000256 1a. Principal Place of Business Address COMMONS REHAB I, L.C. 1325 W. COLONIAL 1325 W. COLONIAL SUITE 200 SUITE 200 ORLANDO FL 32804 ORLANDO FL 32804 2a. Mailing Address 3. Date Organized or Qualified | 3s. State of Formation 2. Principal Place of Business 03/29/1995 4. FEI Number  $\mathbf{FL}$ Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3308024 5. Date of Last Report 6. Certificate of Status Desired Country Žip Country Zip \$8.75 Additional Fee Required 02/11/1007

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name KANAN, BRADFORD S Street Address (P.O. Box Number is Not Acceptable) 1325 W. COLONIAL SUITE 200 Sulte, Apt. #, etc. ORLANDO FL 32804 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM COMMONS MEDICAL DEVELO 1325 W. COLONIAL DRIVE ORLANDO FL MEM KANAN, BRADFORD S 1325 W. COLONIAL ORLANDO FL MEM KANAN, RHONDA J %1325 W. COLONIAL ORLANDO FL 300002445283---03/03/98--01046--002

11. Indo hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/24/95

107-425-8454

\*\*\*\*188.75 \*\*\*\*188.75