

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000256

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

APPROVED  
AND  
FILED

00 MAY -4 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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 STREET ADDRESS CITY- ST- ZIP	MGRM COMMONS MEDICAL DEVELOPMENT, INC. 1325 W. COLONIAL DRIVE 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	MEM KANAN, BRADFORD S 1325 W. COLONIAL ORLANDO FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300003273553--9 06/01/00-01056--019 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM KANAN, RHONDA J %1325 W. COLONIAL 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
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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 #

0001002 A1

CR2E083 (9/99)