

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000006918****1. Entity Name**  
MEDICAL COMMONS HOMEOWNERS ASSOCIATION, INC.

<b>Principal Place of Business</b> 208 W CAROLINA ST  TALLAHASSEE FL 32301	<b>Mailing Address</b> 208 W CAROLINA ST  TALLAHASSEE FL 32301
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**2. Principal Place of Business**  
Suite, Apt. #, etc.**3. Mailing Address**  
Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  CHBAT MICHAEL M 208 W CAROLINA ST  TALLAHASSEE FL 32301	<b>7. Name and Address of New Registered Agent</b> <b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>City</b> <b>FL</b> <b>Zip Code</b>
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**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** **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> CHBAT MICHAEL M 208 W CAROLINA ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> CHBAT MICHAEL M 208 W CAROLINA ST TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VT</b> PARKER MICHAEL K 208 W CAROLINA ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VTD</b> PARKER MICHAEL K 208 W CAROLINA ST TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> LEWIS THOMAS H 208 W CAROLINA ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> LEWIS THOMAS H 208 W CAROLINA ST TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Michael M. Chbat **S** **04/30/2001**

CR2E037 (11/00)