

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S04804

1. Entity Name

COMMONS MEDICAL DEVELOPMENT, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90005 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1325 W COLONIAL  
SUITE 200  
ORLANDO FL 32804  
US

1325 W COLONIAL  
SUITE 200  
ORLANDO FL 32804-7133  
US

2. Principal Place of Business

2600 Technology Drive

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32804

Country

3. Mailing Address

2600 Technology Drive

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32804

Country

4. FEI Number

59-3030832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KANAN, BRADFORD S	1325 W COLONIAL	ORLANDO FL	<input type="checkbox"/>
VD	KANAN, RHONDA J	1325 W COLONIAL	ORLANDO FL	<input type="checkbox"/>
TSV	WILLIAMS, JOSEPH M	1325 WEST COLONIAL DRIVE	ORLANDO FL	<input type="checkbox"/>
V	RUSH, DAVID	1325 WEST COLONIAL DRIVE	ORLANDO FL 32804	<input checked="" type="checkbox"/>
V	CHAMPMAN, JOHN	1325 W COLONIAL	ORLANDO FL 32804	<input type="checkbox"/>
V	ANDERSON, MICHAEL	1325 W COLONIAL DRIVE	ORLANDO FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

407-425-8454

Daytime Phone #