


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # S04804	
1. Entity Name COMMONS MEDICAL DEVELOPMENT, INC.	

Principal Place of Business 2600 TECHNOLOGY DR. SUITE 200 ORLANDO, FL 32804 US	Mailing Address 2600 TECHNOLOGY DR. SUITE 200 ORLANDO, FL 32804 US
---	---

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

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
2600 TECHNOLOGY DRIVE
SUITE 200
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANAN, BRADFORD S 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSV WILLIAMS, JOSEPH M 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSEN, MICHAEL 2600 TECHNOLOGY DRIVE, STE. 200 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000142597
04/30/04-80058-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bradford S. Kanan March 29, 04 407-425-8454