

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90146 035 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000019400**

1. Corporation Name  
**THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.**



Principal Place of Business 2731 NW 41ST STREET STE B-3 GAINESVILLE FL 32606	Mailing Address 2731 NW 41ST STREET STE B-3 GAINESVILLE FL 32606
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/27/1998**

2. Principal Place of Business 21 <b>101 NW 75th STREET</b>	2a. Mailing Address 26 <b>101 NW 75th STREET</b>
Suite, Apt. #, etc. 22 <b>1</b>	Suite, Apt. #, etc. 27 <b>1</b>
City & State 23 <b>GAINESVILLE, FL</b>	City & State 28 <b>GAINESVILLE, FL</b>
Zip 24 <b>32607</b>	Zip 29 <b>32607</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

4. FEI Number <b>59-3505506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, CARL L**  
**2731 NW 41ST STREET**  
**STE B-3**  
**GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name <b>JOHNSON, CARL L</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4421 NW 39th AVENUE</b>
83 <b>Bldg 1 Suite 2</b>
84 City <b>GAINESVILLE</b>
85 State <b>FL</b>
Zip Code <b>32606</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>JOHNSON, CARL L</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, CARL L</b>		1.2 NAME	
STREET ADDRESS <b>2731 NW 41ST ST, STE B-3</b>		1.3 STREET ADDRESS <b>4421 NW 39th AVE 1-2</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32606</b>		1.4 CITY-ST-ZIP <b>GAINESVILLE, FL 32606</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>PUGH, MERRILL, L.</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>101-1 NW 75th STREET</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>GAINESVILLE, FL 32607</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>PLA, JOHN</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>101-1 NW 75th STREET</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>GAINESVILLE, FL 32607</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4-9-99** DAYTIME PHONE #: **352-332-8704**

CR2E034 (11/98)