

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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 21 101 NW 75th STREET	2a. Mailing Address 26 101 NW 75th STREET
Suite, Apt. #, etc. 22 1	Suite, Apt. #, etc. 27 1
City & State 23 GAINESVILLE, FL	City & State 28 GAINESVILLE, FL
Zip 24 32607	Zip 29 32607
Country 25 USA	Country 30 USA

4. FEI Number 59-3505506	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 JOHNSON, CARL L
82 Street Address (P.O. Box Number is Not Acceptable) 4421 NW 39th AVENUE
83 Bldg 1 Suite 2
84 City GAINESVILLE
85 State FL
Zip Code 32606

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 D	<input type="checkbox"/> DELETE	1.1 TITLE JOHNSON, CARL L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, CARL L		1.2 NAME	
STREET ADDRESS 2731 NW 41ST ST, STE B-3		1.3 STREET ADDRESS 4421 NW 39th AVE 1-2	
CITY-ST-ZIP GAINESVILLE FL 32606		1.4 CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME PUGH, MERRILL, L.	
STREET ADDRESS		2.3 STREET ADDRESS 101-1 NW 75th STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP GAINESVILLE, FL 32607	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME PLA, JOHN	
STREET ADDRESS		3.3 STREET ADDRESS 101-1 NW 75th STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP GAINESVILLE, FL 32607	
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: _____ **SIGNATURE REQUIRED** Date: **4-9-99** Daytime Phone #: **352-332-8704**

CR2E034 (11/98)