


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 031 ***150.00

DOCUMENT # P98000019400 1. Entity Name THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.	
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Principal Place of Business 618 NW 60TH ST STE A GAINESVILLE, FL 32607 US	Mailing Address 618 NW 60TH ST STE A GAINESVILLE, FL 32607 US
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94051820



DO NOT WRITE IN THIS SPACE

03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3505506	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSON, CARL L
4421 NW 39TH AVE
BLDG 1, STE 2
GAINESVILLE, FL 32606

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D JOHNSON, CARL L 4421 NW 39TH AVE., BLDG 1 STE 2 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, MERRILL 618 NW 60TH ST., STE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIA, JOHN 618 NW 60TH ST., STE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Merrill Pugh **Merrill Pugh** 4/5/04 **352-331-3343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #