

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000019400

1. Entity Name
THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.



FILED

04 MAY 10 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business
Management Specialists

3. Mailing Address
Same

Suite, Apt. #, etc.
4400 NW 36 Avenue

City & State
Gainesville, FL

Zip
32606

Country
USA

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3505506

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Management Specialists

Street Address (P.O. Box Number is Not Acceptable)
PO Pat Trippe

4400 NW 36 Avenue

City
Gainesville FL Zip Code
32606

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: *Carl Johnson* DATE: **4-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CARL L	
STREET ADDRESS	4421 NW 39TH AVE., BLDG 1 STE 2	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	P	<input type="checkbox"/> Delete
NAME	PUGH, MERRILL	
STREET ADDRESS	618 NW 60TH ST., STE A	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIA, JOHN	
STREET ADDRESS	618 NW 60TH ST., STE A	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLA, John	
STREET ADDRESS	618 NW 60th St, Ste A.	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700037062597	
CITY-ST-ZIP	05/25/04--01006--001 ***61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carl Johnson* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #