


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90159 039 ***150.00

DOCUMENT # P98000019400	
1. Entity Name	
THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.	

Principal Place of Business	Mailing Address
MANAGEMENT SPECIALISTS 4400 NW 36 AVENUE GAINESVILLE FL 32606 US	MANAGEMENT SPECIALISTS 4400 NW 36 AVENUE GAINESVILLE FL 32606 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number	Applied For
59-3505506	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
MANAGEMENT SPECIALISTS C/O PAT TRIPPE 4400 NW 36 AVENUE GAINESVILLE FL 32606	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	PLA, JOHN	NAME	Marconi, Michael
STREET ADDRESS	618 NW 60TH ST, STE A	STREET ADDRESS	4421 NW 39th Ave Bldg Suite 1
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	Gainesville, FL 32606
TITLE	P	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	PUGH, MERRILL	NAME	T, S
STREET ADDRESS	618 NW 60TH ST., STE A	STREET ADDRESS	Cornwell, David
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	4421 NW 39th Ave Bldg 3
TITLE		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		NAME	Johnson, Carl
STREET ADDRESS		STREET ADDRESS	4421 NW 39th Ave #1-2
CITY-ST-ZIP		CITY-ST-ZIP	Gainesville, FL 32606
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #