


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

04-12-2005 90159 039 \*\*\*150.00

<b>DOCUMENT # P98000019400</b>	
1. Entity Name THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.	

Principal Place of Business MANAGEMENT SPECIALISTS 4400 NW 36 AVENUE GAINESVILLE FL 32606 US	Mailing Address MANAGEMENT SPECIALISTS 4400 NW 36 AVENUE GAINESVILLE FL 32606 US
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1st MOORE CR2E034 (10/04)

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

4. FEI Number <b>59-3505506</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
MANAGEMENT SPECIALISTS C/O PAT TRIPPE 4400 NW 36 AVENUE GAINESVILLE FL 32606	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLA, JOHN <input checked="" type="checkbox"/> Delete 618 NW 60TH ST, STE A GAINESVILLE FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, MERRILL <input checked="" type="checkbox"/> Delete 618 NW 60TH ST., STE A GAINESVILLE FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Marconi, Michael 4421 NW 39th Ave Bldg Suite 1 Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T, S Cornwell, David 4421 NW 39th Ave Bldg 3 Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Johnson, Carl 4421 NW 39th Ave #1-2 Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date Daytime Phone #