


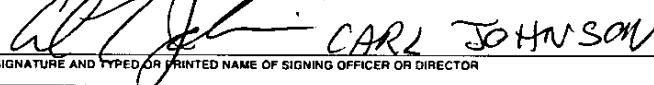


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000019400 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		
2. Principal Place of Business 100 SW 75th Street Suite, Apt. #, etc. Suite 205 City & State Gainesville, Florida Zip 32607 Country USA		3. Mailing Address 100 SW 75th Street Suite, Apt. #, etc. Suite 205 City & State Gainesville, Florida Zip 32607 Country USA			
4. FEI Number 59-3505506				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11032005 Chg-P CR2E034 (10/03)	
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 Pugh, Merrill Street Address (P.O. Box Number is Not Acceptable) 100 SW 75th Street, Suite 205 City Gainesville FL Zip Code 32607					
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  Merrill Pugh 11/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCONI, MICHAEL 4421 NW 39TH AVE BLD 1 SUITE 1 GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pla, John 100 SW 75th Street, Suite 205 Gainesville, Florida 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CORNWELL, DAVID 4421 NW 39TH AVE BLDING 3 GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pugh, Merrill 100 SW 75th Street, Suite 205 Gainesville, Florida 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CARL 4421 NW 39TH AVE #1-2 GAINESVILLE, FL 326069	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000061301730 11/09/05--01058--002 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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:  CARL JOHNSON 11/4/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					