


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000019400 1. Entity Name THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.	
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FILED
05 NOV -9 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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2. Principal Place of Business 100 SW 75 th Street Suite, Apt. #, etc. Suite 205 City & State Gainesville, Florida	3. Mailing Address 100 SW 75 th Street Suite, Apt. #, etc. Suite 205 City & State Gainesville, Florida
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11032005 Chg-P CR2E034 (10/03)

Zip 32607	Country USA	Zip 32607	Country USA
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4. FEI Number 59-3505506	Applied For <input type="checkbox"/> 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 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 75 th Street, Suite 205 City Gainesville FL Zip Code 32607
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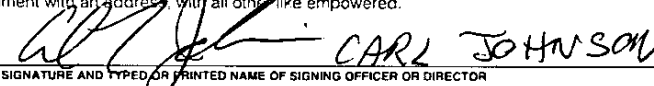
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Merrill Pugh 11/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Amended AR is \$61.25	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 NAME STREET ADDRESS CITY-ST-ZIP	P MARCONI, MICHAEL <input checked="" type="checkbox"/> Delete 4421 NW 39TH AVE BLD 1 SUITE 1 GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pla, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 SW 75 th Street, Suite 205 Gainesville, Florida 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CORNWELL, DAVID <input checked="" type="checkbox"/> Delete 4421 NW 39TH AVE BLDING 3 GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pugh, Merrill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 SW 75 th Street, Suite 205 Gainesville, Florida 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CARL <input checked="" type="checkbox"/> Delete 4421 NW 39TH AVE #1-2 GAINESVILLE, FL 326069	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061301730 11/09/05--01058--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #