


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000019400

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



Principal Place of Business Mailing Address

100 SW 75TH STREET 100 SW 75TH STREET
 SUITE 205 SUITE 205
 GAINESVILLE, FL 32607 US GAINESVILLE, FL 32607 US

DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3505506 Not Applicable

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

6. Name and Address of Current Registered Agent

PUGH, MERRIL
 100 SW 75TH STREET, SUITE 205
 GAINESVILLE, FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PLA, JOHN
STREET ADDRESS	100 SW 75TH STREET, SUITE 205
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	P
NAME	PUGH, MERRILL
STREET ADDRESS	100 SW 75TH STREET, SUITE 205
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/29/06-80016-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Merrill Pugh Date: 4/3/06 Daytime Phone #: 352-331-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR