

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90144 011 ***150.00

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



Principal Place of Business
**3901 SW 20TH AVENUE
SUITE 901
GAINESVILLE FL 32607
US**

Mailing Address
**3901 SW 20TH AVENUE
SUITE 901
GAINESVILLE FL 32607
US**



2. Principal Place of Business
6018 NW 60th St

3. Mailing Address
6018 NW 60th St

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Gainesville FL

City & State
Gainesville, FL

4. FEI Number **59-3505506** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**JOHNSON, CARL L
4421 NW 39TH AVE
BLDG 1., STE 2
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 _____ 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D JOHNSON, CARL L**
STREET ADDRESS **4421 NW 39TH AVE., BLDG 1 STE 2**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Delete Addition
NAME **(Same)**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **P PUGH, MERRILL**
STREET ADDRESS **3901 SW 20TH AVENUE SUITE 901**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE Change Addition
NAME **Pugh, Merrill**
STREET ADDRESS **6018 NW 60th Ave Suite A**
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE Delete
NAME **V PIA, JOHN**
STREET ADDRESS **3901 SW 20TH AVE SUITE 901**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE Change Addition
NAME **PIA, John**
STREET ADDRESS **6018 NW 60th Ave Suite A**
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)