


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/1

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-17-2006 90067 034 ***100.00
03-08-2006 90181 013 ****50.00

DOCUMENT # 538259 1. Entity Name IRVIN C. BEMBRY, M. D., P. A.	
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Principal Place of Business DOCTORS' CLINIC, 5TH AVENUE JASPER, FL 32052	Mailing Address DOCTORS' CLINIC, 5TH AVENUE JASPER, FL 32052
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1751948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BEMBRY, IRVIN C.
DOCTORS' CLINIC, 5TH AVENUE
JASPER, FL 32052

**DO NOT WRITE
IN THIS SPACE**

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  IRVIN C. BEMBRY 386-792-2985
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

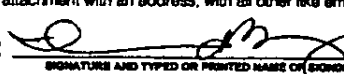
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BEMBRY, IRVIN C. 5TH AVE. JASPER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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:  IRVIN C. BEMBRY 1/30/06 386-792-2985
SIGNATURE AND TYPED OR PRINTED NAME OF (BORER) OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

60022314

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

IRVIN C. BEMBRY, M. D., P. A.
DOCTORS' CLINIC, 5TH AVENUE
JASPER, FL 32052

Subject: IRVIN C. BEMBRY, M. D., P. A.

Reference Number: 538259

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION