

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 602634	
1. Entity Name JOHN F. BEMBRY D.D.S. P.A.	

Principal Place of Business 1211 W THARPE ST TALLAHASSEE, FL 32303	Mailing Address 1211 W THARPE ST TALLAHASSEE, FL 32303
--	--



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1310611	Applied For ☐ Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent BEMBRY, JOHN F 1211 W THARPE ST TALLAHASSEE, FL 32303
--

**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 John F Bembry D.D.S. President DATE 4-30-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEMBRY, JOHN F 1211 W. THARPE STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSTON, FELIX 547 N. MONROE STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEMBRY, ELAINE 1211 W. THARPE STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRIESTER, JAMES M 3370 CAPITAL COR NE A TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000148811
05/03/04-00161-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Elaine G. Bembry DATE 4-30-04 DAYTIME PHONE # 850-385-6117