
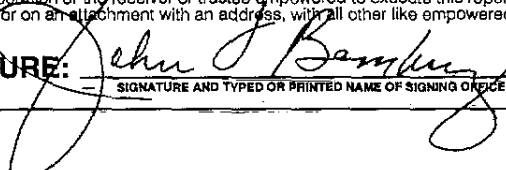


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-22-05 850-385-6117 Date Daytime Phone #



02032005 No Chg-P CR2E034 (10/03)

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

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

000000302061
04/13/05-80055-025 150.00