2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90012 029 ***150.00

DOCUMENT # 602634

1. Entity Name
JOHN F. BEMBRY D.D.S. P.A.

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

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
465 Attapulgus-Climax Rd	465 Attapulgus-Climax Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Climax, Georgia	
City & State	City & State: Climax, Georgia
Zip: 39834 Country: USA Decatur	Zip: 39834 Country: USA

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	7. Name and Address of New Registered Agent
BEMBRY,JOHN F 1211 W THARPE ST TALLAHASSEE FL 32303	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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEMBRY,JOHN F 1211 W. THARPE STREET TALLAHASSEE FL	☐ Delete	PD John F. Bembry 465 attapulgus-Climax Rd Climax, Ga 39834	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSTON,FELIX 547 N. MONROE STREET TALLAHASSEE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEMBRY,ELAINE 1211 W. THARPE STREET TALLAHASSEE FL	☐ Delete	SD Elaine C. Bembry 465 attapulgus-Climax Rd Climax, Georgia	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRIESTER, JAMES M 3370 CAPITAL COR NE A TALLAHASSEE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John F Bembry DDS 5-18-07 229-243-1353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

5-18-07

40117454

#602634

To When It May Concern:

Please be advised that my being late with the Renewal was a complete oversight. We've been out of state in Texas since Nov 1st 2006, when Dr. Bemley retired from Dentistry after 38 years. I received and changed the address on the request card, Received the renewal form and placed it in my bill folder to be renewed before May 1st. However since the routine of bills changed at retirement, it got past me in April when I normally file the report. If the penality could be waived, I certainly would be appreciative. If not, please inform me of your decision.

Sincerely,

Elaine G. Bemley