2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 602634

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

Current Principal Place of Business:

465 ATTAPULGUS CLIMAX PL
CLIMAX, GA 39834

New Principal Place of Business:

Current Mailing Address:

465 ATTAPULGUS CLIMAX PL
CLIMAX, GA 39834

New Mailing Address:

FEI Number: 59-1310611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEMBRY,JOHN F
1211 W THARPE ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

BEMBRY,JOHN F
3370 CAPITAL CIR, NE
STE A
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEMBRY,JOHN F
Address: 465 ATTAPULGUS CLIMAX RD
City-St-Zip: CLIMAX, GA 39834

Title: VD ( ) Delete
Name: JOHNSTON,FELIX
Address: 547 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL

Title: SD ( ) Delete
Name: BEMBRY,ELAINE
Address: 465 ATTAPULGUS CLIMAX RD
City-St-Zip: CLIMAX, GA 39834

Title: TD ( ) Delete
Name: PRIESTER, JAMES M
Address: 3370 CAPITAL COR NE A
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: PRIESTER, JAMES M
Address: 3370 CAPITAL CIR NE A
City-St-Zip: TALLAHASSEE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M PRIESTER TREA 04/30/2009
Electronic Signature of Signing Officer or Director — Date