FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H10371
CHURNEY DENTAL SERVICES CORPORATION

28469 U.S. HIGHWAY 19, SUITE 401 CLEARWATER FL 34621

Principal Place of Business

Mailing Address

28469 U.S. HIGHWAY 19. SUITE 401
CLEARWATER FL 34621

(3)

FILED Mar 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/29/1984

Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc.	2. Principal P	lace of Business	2a. Mailing Address	·- ·-	· ··	4. FEI Number		. Ap	plied For	
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City & State Country 29	Suite, Apt #, etc.		F		5. Certificate of Status Desired					
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B2 Street Address (P.O. Box Number is Not Acceptable) S10FE 401 CLEARWATER FL 34821 11. Pursuant to the provisions of Sections 607.0007 and 607 1508. Floridal Statutos the above-named corporation submits this statement for the purpose of changing its registered spent. I and familiar with, and accept the chilipations of, Section 607.0008, Floridal Statutos. SIGNATURE SIGNATURE CHURNEY, ROBERT B STREET ADDRESS CITY-S1-2P CHURNEY, ROBERT B STREET ADDRESS CITY-S1-2P		9. Name and Address of Curren		1				Agent		
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indicated on this annual report or suppliermintal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with a papers.

SIGNATURE

CONTURE AND TYPE OF PRINTED NAME OF SIGNING OF

Robert B. Churnes

34/50/813)796 378