

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002857

FILED
Apr 26, 2007
Secretary of State

Entity Name: HEARTLAND DENTAL CARE, INC.

Current Principal Place of Business:

1200 NETWORK CENTRE DRIVE
SUITE 2
EFFINGHAM, IL 62401

New Principal Place of Business:

Current Mailing Address:

1200 NETWORK CENTRE DRIVE
SUITE 2
EFFINGHAM, IL 62401

New Mailing Address:

FEI Number: 01-0854205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: WORKMAN, RICHARD DR.
Address: 1200 NETWORK CENTRE DRIVE SUITE 2
City-St-Zip: EFFINGHAM, IL 62401

Title: P () Delete
Name: WORKMAN, RICHARD DR.
Address: 1200 NETWORK CENTRE DRIVE SUITE 2
City-St-Zip: EFFINGHAM, IL 62401

Title: VD () Delete
Name: BAUER, PATRICK
Address: 1200 NETWORK CENTRE DRIVE SUITE 2
City-St-Zip: EFFINGHAM, IL 62401

Title: STD () Delete
Name: SLACK, JOHN
Address: 1200 NETWORK CENTRE DRIVE SUITE 2
City-St-Zip: EFFINGHAM, IL 62401

Title: V () Delete
Name: THOMAS, JULIE
Address: 1200 NETWORK CENTRE DRIVE SUITE 2
City-St-Zip: EFFINGHAM, IL 62401

Title: V () Delete
Name: THOMPSON, CHAD
Address: 1200 NETWORK CENTRE DRIVE SUITE 2
City-St-Zip: EFFINGHAM, IL 62401

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD WORKMAN

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date