2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002857

Entity Name: HEARTLAND DENTAL CARE, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
1200 NETWORK CENTRE DRIVE SUITE 2 EFFINGHAM, IL 62401					
Current Mailing Address:			New Maili	New Mailing Address:	
1200 NETWORK CENTRE DRIVE SUITE 2 EFFINGHAM, IL 62401					
FEI Number: 01-0854205 FEI Number Applied For () FEI Num			lumber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	WORKMAN, RIC 1200 NETWORK EFFINGHAM, IL	CENTRE DRIVE SUITE 2 62401	Title: Name: Address: City-St-Zip: Title:	PRES (X) Change () Addition WORKMAN, RICHARD DR. 1200 NETWORK CENTRE DRIVE SUITE 2 EFFINGHAM, IL 62401 SEC (X) Change () Addition	
Name: Address: City-St-Zip:	WORKMAN, RIC	CENTRE DRIVE SUITE 2	Name: Address: City-St-Zip:	SEC (X) Change () Addition SLACK, JOHN 1200 NETWORK CENTRE DRIVE SUITE 2 EFFINGHAM, IL 62401	
Title: Name: Address: City-St-Zip:	BAUER, PATRIC	CENTRE DRIVE SUITE 2	Title: Name: Address: City-St-Zip:	BOD (X) Change () Addition WORKMAN, RICHARD DR. 1200 NETWORK CENTRE DRIVE SUITE 2 EFFINGHAM, IL 62401	
Title: Name: Address: City-St-Zip:	SLACK, JOHN	Delete CENTRE DRIVE SUITE 2 62401	Title: Name: Address: City-St-Zip:	BOD (X) Change () Addition BAUER, PAT 1200 NETWORK CENTRE DRIVE SUITE 2 EFFINGHAM, IL 62401	
Title: Name: Address: City-St-Zip:	THOMAS, JULIE	Delete CENTRE DRIVE SUITE 2 62401	Title: Name: Address: City-St-Zip:	BOD (X) Change () Addition FORMOLO, THOMAS 10 S. WACKER DR., STE 3175 CHICAGO, IL 60606	
Title: Name: Address: City-St-Zip:	THOMPSON, CH	CENTRE DRIVE SUITE 2	Title: Name: Address: City-St-Zip:	BOD (X) Change () Addition LHEE, EDWARD 10 S. WACKER DR., STE 3175 CHICAGO, IL 60606	

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: JOHN SLACK SEC 04/30/2009