2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002857

Entity Name: HEARTLAND DENTAL CARE, INC.

FILED Apr 02, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1200 NETWORK CENTRE DRIVE

SUITE 2

EFFINGHAM, IL 62401

Current Mailing Address: New Mailing Address:

1200 NETWORK CENTRE DRIVE SUITE 2

EFFINGHAM, IL 62401

FEI Number: 01-0854205 FEI Number Applied For () FEI Number Not Applicable () 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

OFFICERS AND DIRECTORS:

Title: PRES Name: BAUER, PAT

Address: 1200 NETWORK CENTRE DRIVE SUITE 2

City-St-Zip: EFFINGHAM, IL 62401

Title: SEC

Name: SLACK, JOHN

Address: 1200 NETWORK CENTRE DRIVE SUITE 2

City-St-Zip: EFFINGHAM, IL 62401

Title: BOD

Name: WORKMAN, RICHARD DR.

Address: 1200 NETWORK CENTRE DRIVE SUITE 2

City-St-Zip: EFFINGHAM, IL 62401

Title: BOD

Name: BAUER, PAT

Address: 1200 NETWORK CENTRE DRIVE SUITE 2

City-St-Zip: EFFINGHAM, IL 62401

Title: BOD

Name: FORMOLO, THOMAS

Address: 10 S. WACKER DR., STE 3175

City-St-Zip: CHICAGO, IL 60606

Title: BOD

Name: LHEE, EDWARD

Address: 10 S. WACKER DR., STE 3175

City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: JOHN SLACK SEC 04/02/2012