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ACCOUNT NO. : I2000000195

REFERENCE: 499907 7733694

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 17, 2013

ORDER TIME : 3:13 PM

ORDER NO. : 499907-045

CUSTOMER NO: 7733694

FOREIGN FILINGS

NAME: HEARTLAND DENTAL CARE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER:

CR2E027	(9/10)	i)
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COVER LETTER

TO:	Registration Section
	Division of Cornorations

Heartland Dental Care, LLC Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

Please return all correspondence concerning this matter to the following:
Julia M. Giczewski
Name of Person
Ropes & Gray LLP
Firm/Company
111 S. Wacker Dr 46th Floor
Address
Chicago, Illinois 60606
City/State and Zip Code
julia.giczewski@ropesgray.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julia Giczewski 312 845-1304
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Heartland Dental Care, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") _{2.} Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) December 19, 2005 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Filing date (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1200 Network Centre Drive, Suite 2 Effingham, IL 62401 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Heartland Dental Intermediate Holdings, LLC - 1200 Network Centre Drive, Suite 2, Effingham, IL 62401 Eighteenmoront Corp. 40 King Street, W., Suite 3100, Toronto, Canada M5H 3Y2 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Dental practice management company. Signature of a thember or an authorized representative of a member. (In accordance with section 609,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Greg Nuxoll - Authorized Representative Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Heartland Dental Care, LLC				
If unavailable, the alternate to be used in the	e state of Florida is:	-		
2. The name and the Florida street address of	of the registered agent and office are:			
Corporation Ser	rvice Company			
***************************************	(Name)			
1201 Hays Stre	et			
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)			
Tallahassee	FL 32301			
	Chyrotaterzip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEARTLAND DENTAL CARE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEARTLAND DENTAL CARE, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4079458 8300

130058297

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 0149607

DATE: 01-16-13

You may verify this certificate online at corp.delaware.gov/authver.shtml