

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107295

FILED
May 04, 2005
Secretary of State

Entity Name: HEARTLAND ENDODONTICS, P.A.

Current Principal Place of Business:

1614 SW LAKEVIEW DRIVE
SEBRING, FL 33870

New Principal Place of Business:

4660 LAKEVIEW DRIVE
SEBRING, FL 33870

Current Mailing Address:

1614 SW LAKEVIEW DRIVE
SEBRING, FL 33870

New Mailing Address:

4660 LAKEVIEW DRIVE
SEBRING, FL 33870

FEI Number: 65-0802006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, LANDERS, WALTERS AND VOGLER, P.A.
802-11TH STREET WEST
BRADENTON, FL 34205 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: P () Delete
Name: OBERMAYR, GAYLE DDS
Address: 1614 SW LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: S/T () Delete
Name: OBERMAYR, GAYLE DDS
Address: 1614 SW LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OBERMAYR, GAYLE DDS
Address: 4660 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: S/T (X) Change () Addition
Name: OBERMAYR, GAYLE DDS
Address: 4660 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GAYLE OBERMAYR

DR.

05/04/2005

Electronic Signature of Signing Officer or Director

Date