


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # F05000002447	
1. Entity Name GROUP DENTAL SERVICE OF MARYLAND, INC.	

Principal Place of Business 111 ROCKVILLE PIKE, SUITE 950 ROCKVILLE, MD 20850	Mailing Address 111 ROCKVILLE PIKE, SUITE 950 ROCKVILLE, MD 20850
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2056201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**1100001549925
05/09/06-80117-022 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC FOXMAN, ETHAN 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC SUISSA, STEVE 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRESHWATER, WILL 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO FOXMAN, RALPH 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHRFELD, JEFF 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATKOWSKI, OLGA 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Freshwater* **4/7/2006** **248-283-3536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #