

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90216 022 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2056201	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102				7. Name and Address of New Registered Agent Name: NRAI SERVICES INC Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DR SUITE 4 City: WESTON FL Zip Code: 33331	
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 <i>Lisa Reeves</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Lisa Reeves, Assistant Secretary		DATE <i>4/24/07</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVC FOXMAN, ETHAN 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDC SUISSA, STEVE 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRESHWATER, WILL 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCEO FOXMAN, RALPH 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEHRFELD, JEFF 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RATKOWSKI, OLGA 111 ROCKVILLE PIKE SUITE 950 ROCKVILLE, MD 20850	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHOR, BRETT A 111 ROCKVILLE PIKE, STE 950 ROCKVILLE, MD 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/25/07</i> 240 283 - 3536 <small>Daytime Phone #</small>		