

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90153 044 \*\*\*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**

**60031907**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**52-2056201**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES INC  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CORPORATE SECRETARY & TREASURER  
KESSLER, IVER  
111 ROCKVILLE PIKE, STE 950  
ROCKVILLE, MD 20850** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
FRESHWATER, WILL  
111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20850** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR OF UNDERWRITING  
WARD, BRIAN  
111 ROCKVILLE PIKE, STE 950  
ROCKVILLE, MD 20850** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCEO  
FOXMAN, RALPH  
111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20850** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR OF IT  
SPESSARD, NELSON  
111 ROCKVILLE PIKE, STE 950  
ROCKVILLE, MD 20850** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
LEHRFELD, JEFF  
111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20850** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SCHOR, BRETT A  
111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20850** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:** Iver D. Kessler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08 240-283-3500

Date

Daytime Phone #