

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002447

FILED
Apr 25, 2009
Secretary of State

Entity Name: GROUP DENTAL SERVICE OF MARYLAND, INC.

Current Principal Place of Business:

111 ROCKVILLE PIKE, SUITE 950
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

111 ROCKVILLE PIKE, SUITE 950
ROCKVILLE, MD 20850

New Mailing Address:

FEI Number: 52-2056201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: PVC () Delete
Name: FOXMAN, ETHAN
Address: 111 ROCKVILLE PIKE SUITE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: SD () Delete
Name: CORPORATE SECRETARY & TREASURER
Address: 111 ROCKVILLE PIKE, STE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: VCEO () Delete
Name: FOXMAN, RALPH
Address: 111 ROCKVILLE PIKE SUITE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: D () Delete
Name: WARD, BRIAN
Address: 111 ROCKVILLE PIKE, STE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: V () Delete
Name: SCHOR, BRETT A
Address: 111 ROCKVILLE PIKE SUITE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: D () Delete
Name: SPESSARD, NELSON
Address: 111 ROCKVILLE PIKE, STE 950
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: FOXMAN, RALPH H
Address: 111 ROCKVILLE PIKE SUITE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: O (X) Change () Addition
Name: FOXMAN, ETHAN D
Address: 111 ROCKVILLE PIKE, STE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: O (X) Change () Addition
Name: KESSLER, IVER D
Address: 111 ROCKVILLE PIKE SUITE 950
City-St-Zip: ROCKVILLE, MD 20850

Title: D (X) Change () Addition
Name: BATES, RICHARD A
Address: 6705 ROCKLEDGE DR, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: D (X) Change () Addition
Name: SMITH, SHIRLEY A
Address: 6705 ROCKLEDGE DR, STE 900
City-St-Zip: BETHESDA, MD 20817

Title: D (X) Change () Addition
Name: ASHER, ANDREW L
Address: 6705 ROCKLEDGE DR, STE 900
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ETHAN D. FOXMAN

O

04/25/2009

Electronic Signature of Signing Officer or Director

Date