Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000690053)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

.Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

Phone : (850) 521-1000

Fax Number

: (850)558-1515

Enter the email address for this business entity to be used for thit annual report mailings. Enter only one email address please.

Email:	Address:			

REGISTERED AGENT CHANGE GROUP DENTAL SERVICE OF MARYLAND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organizing in order to change its registered office or registered.	zed under the laws of the State of Maryland							
1. The name of the corporation: GROUP DENTAL SE	RVICE OF MARYLAND, INC.							
2. The principal office address: 111 Rockville Pike, Suite 950, Rockville, MD 20850								
3. The mailing address (if different):								
4. Date of incorporation/qualification: 04/19/2005	Document number: F05000002447							
5. The name and street address of the current registered as Florida Department of State:		5						
NRAI Services Inc	LAHA HAK	, ,						
2731 Executive Park Dr., Suite 4	Sec. 26	;						
Weston, FL 33331 US								
6. The name and street address of the new registered agen (if changed):	at (if changed) and /or registered office							
Corporation Service Company								
1201 Hays Street								
(P.O. Box NOT acceptable)	,							
Tallahassee, FL 32301								
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent	•						
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.							
Dlanca L. Brek	Blanca Lozada, Attorney In Fact							
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblided document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	(Printed or typed name and title) d agree to act in this capacity, utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	e is e						
By: Certification	03/25/2010							
(Signature of Registered Agent)	(Date)							
If signing on behalf of an entity:								
Sylvia Queppet, Asst. VP								
(Typed or Printed Name)	F. \$25.00 * * *							