

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002447

FILED  
Apr 23, 2010  
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:**

111 ROCKVILLE PIKE, SUITE 700  
ROCKVILLE, MD 20850

**Current Mailing Address:**

111 ROCKVILLE PIKE, SUITE 950  
ROCKVILLE, MD 20850

**New Mailing Address:**

111 ROCKVILLE PIKE, SUITE 700  
ROCKVILLE, MD 20850

**FEI Number:** 52-2056201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: O  
Name: FOXMAN, RALPH H  
Address: 111 ROCKVILLE PIKE SUITE 700  
City-St-Zip: ROCKVILLE, MD 20850

Title: O  
Name: FOXMAN, ETHAN D  
Address: 111 ROCKVILLE PIKE, STE 700  
City-St-Zip: ROCKVILLE, MD 20850

Title: O  
Name: NELSON, ANDREA M  
Address: 111 ROCKVILLE PIKE SUITE 700  
City-St-Zip: ROCKVILLE, MD 20850

Title: O  
Name: TUOZZO, MELINDA L  
Address: 6705 ROCKLEDGE DR, STE 900  
City-St-Zip: BETHESDA, MD 20817

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

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

I hereby 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 all other like empowered.

SIGNATURE: ETHAN D. FOXMAN

O

04/23/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date