

F050000002447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

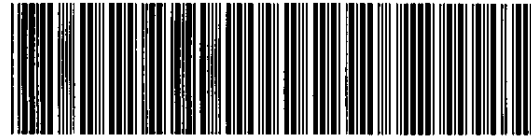
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TALLAHASSEE FLORIDA

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FILING TRANSMITTAL FORM

STATE: FL

To: Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
P. O. Box 6327
Tallahassee, FL 32301

Date: September 9, 2010

From: April Brady
Direct Dial: 609-359-7080
Toll Free: 800-792-8888

Entity Name/s: Group Dental Service of Maryland, Inc.
Ref: 112288/AB

Enclosed herewith for filing please find the following:

- 1) Form to Change the Registered Agent and Registered Office of the Corporation.
- 2) Check in the amount of \$35.00 to cover the filing fee.
- 3) Self Addressed Stamped Envelope.

Please file the enclosed document upon receipt, returning a file stamped copy of the filing to my attention in the enclosed pre-paid, self addressed envelope enclosed for your convenience.

If there are any problems with the enclosed, or if you require anything further from me regarding this filing please do not hesitate to contact me at 800-792-8888, ext. 7080.

Thank you for your assistance in this matter.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Group Dental Service of Maryland, Inc.
2. The principal office address: 6705 Rockledge Drive, Suite 900
Bethesda, MD 20817
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 agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Shirley R. Smith, Secretary

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

September 13, 2010
(Date)

If signing on behalf of an entity:

B. April Brady, Asst. Secretary

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

10 SEP 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA