

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002447

FILED  
Apr 07, 2011  
Secretary of State

Entity Name: GROUP DENTAL SERVICE OF MARYLAND, INC.

## Current Principal Place of Business:

6705 ROCKLEDGE DRIVE - SUITE 900  
BETHESDA, MD 20817

## New Principal Place of Business:

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

## Current Mailing Address:

6705 ROCKLEDGE DRIVE - SUITE 900  
BETHESDA, MD 20817

## New Mailing Address:

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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:

04/07/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRE  
Name: FOXMAN, ETHAN  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: DIR  
Name: FOX, ROBERT B  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: AS  
Name: WEINBERG, JONATHAN D  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20850

Title: AT  
Name: TUOZZO, MELINDA L  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: SEC  
Name: SMITH, SHIRLEY R  
Address: 6705 ROCKLEDGE DRIVE, SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: TRE  
Name: RUHLMANN, JOHN J  
Address: 6705 ROCKLEDGE DRIVE, SUITE 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: SHIRLEY R. SMITH

SEC

04/07/2011

Electronic Signature of Signing Officer or Director

Date