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| (Re                                     | questor's Name)   |           |  |  |
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| (City/State/Zip/Phone #)                |                   |           |  |  |
|   | WAIT              | MAIL.     |  |  |
| (Bu                                     | siness Entity Nam | ne)       |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
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May 1, 2006

#### ■ COMPLIANCE RESEARCH SERVICES

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Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Application for Certificate of Authority for a Foreign Corporation Group Dental Service, Inc.

Dear Corporate Records Administrator:

Enclosed please find a completed application submitted by Group Dental Service, Inc., requesting a Certificate of Authority to transact business in Florida. The following documents are enclosed with the application:

- Check in the amount of \$78.75
- · Certificate of Existence from Maryland
- One original and one copy of the application

Group Dental Service, Inc., hereby authorizes Compliance Research Services, LLC to represent them with regard to the enclosed application and to correspond directly with your department on our behalf for approval of the application.

Please direct any correspondence regarding the enclosed application to:

Ms. Mary Littlejohn-Garber
Compliance Research Services, LLC
1339 Turnberry Place
Cookeville, TN 38506
(931) 537-2696
mlittlej@charter.net

Thank you in advance for your consideration of this application.

Sincerely,

Mary Little john-Garbei

## TRANSMITTAL LETTER

| Division of  | Corporations                               |  |  |
|--|--|--|--|
| SUBJECT: Grou  | p Dental Service, Inc.                     |  |  |
|  |  | poration - must include suffix)  | -                                      |
| Dear Sir or Madam  |  |  |  |
|  | tence", and check are submitte             | on for Authorization to Transact Business in Florida", ted to register the above referenced foreign corporation to | )                                      |
| Please return all cor  | respondence concerning this                | matter to the following:   |  |
| William A. Freshwa   | ter, Corporate Secretary                   |  |  |
|  | (Na  | ame of Person)   | -                                      |
| Group Dental Servi   | ce, Inc.                                   |  |  |
|  | (Fir                                       | rm/Company)  | -                                      |
| 111 Rockville Pike,  | Suite 950                                  |  |  |
|  |  | (Address)  | -                                      |
| Rockville, MD 2089   | 52   |  |  |
|  | (City/                                     | /State and Zip code)   | -                                      |
| For further informat   | ion concerning this matter, pl             | I >  | )<br>)                                 |
| Mary Littlejohn-Garb   | er at (931                                 | 1 ) 537-2696 or mlittlej@charter.net   | ===<br>C=                              |
| (Name of P   |  | 1 ) 537-2696 or mlittlej@charter.net (Area Code & Daytime Telephone Number)  | 100<br>100<br>100<br>100<br>100<br>100 |
| STREET ADDRES Registration Section Division of Corpora 409 E. Gaines St. Tallahassee, FL 323 | tions                                      | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                 |  |
| Enclosed is a check  | for the following amount:                  |  |  |
| □ \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status |  | &                                      |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (If name unav   | ailable in Florida, enter alternate comorate na  | me adopted for the purpose of transacting business in  | Florida)         |
|---|--|--|------------------|
|   | · · · · · · · · · · · · · · · · · · ·  | · · · · · ·  |                  |
| <ol><li>Maryland (State or count)</li></ol>   | ry under the law of which it is incorporated)  | 3(FEI number, if applicable)   |                  |
| 4. 09/24/1992   |  |  |                  |
|   | ate of incorporation)  | 5. Perpetual (Duration: Year corp. will cease to exist or "per   | petual")         |
| 6. Upon Qualifi   | cation   | · ·  | ,                |
|   | sacted business in Florida. If corporation has   | not transacted business in Florida, insert "upon quali   | ication.")       |
|   | (SEE SECTIONS 607.1:   | 501, 607.1502 and 817.155, F.S.)   |                  |
| 7. 111 Rockville  | Pike, Suite 950, Rockville, MD 20852   |  |                  |
|   | (Principal office  | address)   |                  |
| 111 Rockville   | Pike, Suite 950, Rockville, MD 20852   |  |                  |
|   | (Current mailing   | address)   |                  |
| o. The transact   |  |  |                  |
|   | ion of all lawful business permitted under   | the laws of Florida  |                  |
|   | ion of all lawful business permitted under<br>e(s) of corporation authorized in home state or  |  | - <del> </del>   |
| (Purpose  | e(s) of corporation authorized in home state of  | r country to be carried out in state of Florida)   |                  |
| (Purpose  | e(s) of corporation authorized in home state of  |  | )                |
| (Purpose  | e(s) of corporation authorized in home state of  | t: (P.O. Box or Mail Drop Box NOT acceptable   |                  |
| (Purpose  9. Name and se  Name:   | e(s) of corporation authorized in home state of treet address of Florida registered agen  NRAI Services, Inc.  | t: (P.O. Box or Mail Drop Box NOT acceptable   |                  |
| (Purpose  9. Name and se  Name:   | e(s) of corporation authorized in home state of treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  | t: (P.O. Box or Mail Drop Box NOT acceptable   | 5 P. 12          |
| (Purpose  9. Name and se  Name:   | e(s) of corporation authorized in home state of treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  | t: (P.O. Box or Mail Drop Box NOT acceptable   | 06 12 5 PM 2: 54 |
| 9. Name and st  | e(s) of corporation authorized in home state of treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  | t: (P.O. Box or Mail Drop Box NOT acceptable   | 5 PHZ: 54        |
| (Purpose  9. Name and se  Name:  Office Address:  | e(s) of corporation authorized in home state of treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance:   | t: (P.O. Box or Mail Drop Box NOT acceptable  , Florida 33331 (Zip code)   |                  |
| (Purpose  9. Name and se  Name:  Office Address:  10. Registered  Having been na                                  | e(s) of corporation authorized in home state of treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance:  med as registered agent and to accept se   | t: (P.O. Box or Mail Drop Box NOT acceptable  process for the above stated corporation   | at the place     |
| (Purpose  9. Name and se  Name:  Office Address:  10. Registered  Having been na  designated in th                | treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance: umed as registered agent and to accept services application, I hereby accept the appoin   | t: (P.O. Box or Mail Drop Box NOT acceptable  , Florida 33331  (Zip code)  rvice of process for the above stated corporation at the content of the content o | at the place     |
| Purpose  9. Name and se  Name:  Office Address:  10. Registered Having been na designated in the further agree to | treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance: umed as registered agent and to accept services application, I hereby accept the appoin   | t: (P.O. Box or Mail Drop Box NOT acceptable  , Florida 33331 (Zip code)  rvice of process for the above stated corporation at the series of the proper and agree to act in the series relative to the proper and complete performant  | at the place     |
| 9. Name and see Name: Office Address:  10. Registered Having been nadesignated in the further agree to            | treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance: imed as registered agent and to accept services application, I hereby accept the appoint comply with the provisions of all statute  | t: (P.O. Box or Mail Drop Box NOT acceptable  , Florida 33331 (Zip code)  rvice of process for the above stated corporation at the series of the proper and agree to act in the series relative to the proper and complete performant  | at the place     |
| 9. Name and see Name: Office Address:  10. Registered Having been nadesignated in the further agree to            | treet address of Florida registered agen  NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance: imed as registered agent and to accept services application, I hereby accept the appoint comply with the provisions of all statute ar with and accept the obligations of my | t: (P.O. Box or Mail Drop Box NOT acceptable  , Florida 33331 (Zip code)  rvice of process for the above stated corporation at the series of the proper and agree to act in the series relative to the proper and complete performant  | at the place     |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| A. DIRI        | CTORS  |             |           |                                       |
|----------------|--|-------------|-----------|---------------------------------------|
| Chairman       | Ralph H. Foxman  |             |           |                                       |
| Address:       | 111 Rockville Pike, Suite 950, Rockville, MD 20852   |             |           | · · · · · · · · · · · · · · · · · · · |
| Vice Chai      | rman:  |             |           |                                       |
| Address:       |  |             |           |                                       |
| Director:      | Ethan A. Foxman  | <del></del> |           |                                       |
| Address:       | 111 Rockville Pike, Suite 950, Rockville, MD 20852   |             |           |                                       |
| Director:      | Norton A Foxman  |             |           |                                       |
| Address:       | #4 Salt Pond Rd., Chatham MA 02650 or  |             |           |                                       |
|                | 461 Chemin Chenonceaux, Quebec, Canada JOT2B0  | <u></u>     |           |                                       |
| B. OFFI        | CERS   |             |           |                                       |
| President:     | Ethan A. Foxman  | <u> </u>    | <u> </u>  |                                       |
| Address:       | 111 Rockville Pike, Suite 950, Rockville, MD 20852   |             | <u> </u>  | -5.1                                  |
|                |  | <u> </u>    | <br> <br> | <del>कार व</del><br>गासक              |
| Vice Presi     | dent: Olga C. Ratkowski  |             |           | 13/3                                  |
| Address:       | 111 Rockville Pike, Suite 950, Rockville, MD 20852   | LöaDĀ       | 12        | i                                     |
|                |  | ÛĀ          | <u> </u>  |                                       |
| Secretary:     | William A. Freshwater, Esq.  |             |           |                                       |
| Address:       | 111 Rockville Pike, Suite 950, Rockville, MD 20852   |             |           |                                       |
| Treasurer:     | Jeffrey S. Lehrfeld  |             |           |                                       |
| Address:       | 111 Rockville Pike, Suite 950, Rockville, MD 20852   |             |           |                                       |
| <b>NOTE:</b> 1 | f necessary, you may attach an addendum to the application listing additional officers and/officers and/offic | or directo  | ors.      |                                       |
| 14. Willi      | am A. Freshwater, Esq., Corporate Secretary  |             |           |                                       |
|                | (Typed or printed name and capacity of person signing application)   |             |           |                                       |

## **GROUP DENTAL SERVICE, INC.**

### OFFICER/DIRECTOR ATTACHMENT

OFFICERS – CONTINUED FROM APPLICATION Dr. Ralph Hubert Foxman, Chairman CEO Business address: Group Dental Service, Inc. 111 Rockville Pike, Suite 950 Rockville, MD 20850

DIRECTORS – CONTINUED FROM APPLICATION:

Norton Amold Foxman, Stockholder (greater than 10% ownership)
#4 Salt Pond Rd.
Chatham, MA 02650
Alternate Address:
461 Chemin Chenonceaux,
Quebec, Canada JOT2B0

Robert Pincus
Business Address: Milestone
1775 Eye St., NW
Washington, DC 20006

Salvatore Joseph Bruno Business Address: Sallie Mae Fund 11600 Sallie Mae Drive Reston, VA 20190

Herbert Kushner 6313 Tilden Lane Rockville, MD 20852

Paul Edenbaum
Business Address: Falke General Contractors
7620 Little River Turnpike, Suite 600
Annandale, VA 22003

Alan Meltzer
Business Address: The Meltzer Group
6500 Rock Spring Drive, Suite 500
Bethesda, MD 20817

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT GROUP DENTAL SERVICE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 11, 2006.

Paul B. Anderson Charter Division

Paul B. Underen



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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