

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003307

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: GROUP DENTAL SERVICE, INC.

## Current Principal Place of Business:

111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20852

## New Principal Place of Business:

111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20850

## Current Mailing Address:

111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20852

## New Mailing Address:

111 ROCKVILLE PIKE SUITE 950  
ROCKVILLE, MD 20850

FEI Number: 52-1801446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES INC  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331 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: C ( ) Delete  
Name: FOXMAN, RALPH H  
Address: 111 ROCKVILLE PIKE SUITE 950  
City-St-Zip: ROCKVILLE, MD 20850

Title: DP ( ) Delete  
Name: FOXMAN, ETHAN A  
Address: 111 ROCKVILLE PIKE SUITE 950  
City-St-Zip: ROCKVILLE, MD 20850

Title: D ( ) Delete  
Name: FOXMAN, NORTON A  
Address: 4 SALT POND RD  
City-St-Zip: ROCKVILLE, MD 20850

Title: VP ( ) Delete  
Name: SCHOR, BRETT A  
Address: 111 ROCKVILLE PIKE SUITE 950  
City-St-Zip: ROCKVILLE, MD 20850

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: FOXMAN, RALPH H  
Address: 111 ROCKVILLE PIKE SUITE 950  
City-St-Zip: ROCKVILLE, MD 20850

Title: O (X) Change ( ) Addition  
Name: FOXMAN, ETHAN D  
Address: 111 ROCKVILLE PIKE SUITE 950  
City-St-Zip: ROCKVILLE, MD 20850

Title: O (X) Change ( ) Addition  
Name: KESSLER, IVER D  
Address: 111 ROCKVILLE PIKE SUITE 950  
City-St-Zip: ROCKVILLE, MD 20850

Title: D (X) Change ( ) Addition  
Name: BATES, RICHARD A  
Address: 6705 ROCKLEDGE DRIVE SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: D ( ) Change (X) Addition  
Name: SMITH, SHIRLEY A  
Address: 6705 ROCKLEDGE DRIVE SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: D ( ) Change (X) Addition  
Name: ASHER, ANDREW L  
Address: 6705 ROCKLEDGE DRIVE SUITE 900  
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ETHAN D. FOXMAN

O

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date