

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002447

Entity Name: GROUP DENTAL SERVICE OF MARYLAND, INC.**Current Principal Place of Business:**15400 CALHOUN DRIVE, SUITE 300
ROCKVILLE, MD 20855**Current Mailing Address:**151 FARMINGTON AVENUE
RW61
HARTFORD, CT 06156 US**FEI Number:** 52-2056201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name SMITH, TAMEEKA LASHELL
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title VICE PRESIDENT AND SECRETARY
Name LEE, EDWARD CHUNG-I
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title VICE PRESIDENT AND TREASURER,
 DIRECTOR
Name MARONEY, JOHN PATRICK
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR
Name BELLIZZI, JERRY JOHN
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR
Name CONICELLA, MARY LEE
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR
Name ECKROTH, DONNA KAY
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR
Name HIMES, B. ELIZABETH
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR
Name MARTINO, GREGORY STEPHEN
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

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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: EDWARD CHUNG-I LEE**SECRETARY****04/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEPANIAN, LISA ANN
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855

Title DIRECTOR
Name WALSH, LAWRENCE EDWARD
Address 15400 CALHOUN DRIVE
 SUITE 300
City-State-Zip: ROCKVILLE MD 20855