

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003307

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**5649039850CC**

**Entity Name:** GROUP DENTAL SERVICE, 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: 52-1801446**

**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            DIOGUARDI, JEROME DOMINICK  
Address        15400 CALHOUN DRIVE  
                 SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

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

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

Title            VP  
Name            LOSEL, JENNI A.  
Address        15400 CALHOUN DRIVE  
                 SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title            VP, DIRECTOR  
Name            PAVLOVICH, MELISSA BUSH  
Address        15400 CALHOUN DRIVE  
                 SUITE 300  
City-State-Zip: ROCKVILLE MD 20855

Title            DIRECTOR  
Name            IMMING, MOLLY 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

*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**

**03/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date