

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003307

**Entity Name:** GROUP DENTAL SERVICE, INC.

**Current Principal Place of Business:**

111 ROCKVILLE PIKE  
STE 700  
ROCKVILLE, MD 20850-5109

**Current Mailing Address:**

111 ROCKVILLE PIKE  
STE 700  
ROCKVILLE, MD 20850-5109 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            SANTOS, MARK C  
Address        111 ROCKVILLE PIKE  
                  STE 700  
City-State-Zip: ROCKVILLE MD 20850-5109

Title            VP, TREASURER  
Name            COFRANCESCO, ELAINE ROSE  
Address        111 ROCKVILLE PIKE  
                  STE 700  
City-State-Zip: ROCKVILLE MD 20850-5109

Title            VP, SECRETARY  
Name            LEE, EDWARD CHUNG-I  
Address        111 ROCKVILLE PIKE  
                  STE 700  
City-State-Zip: ROCKVILLE MD 20850-5109

*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**

**04/11/2014**

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

\_\_\_\_\_  
Date