

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002361

**Entity Name:** DOMINION DENTAL USA, INC.

**Current Principal Place of Business:**

251 18TH ST S  
STE 900  
ARLINGTON, VA 22202

**Current Mailing Address:**

251 18TH ST S  
STE 900  
ARLINGTON, VA 22202 US

**FEI Number:** 54-1922626

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN, PRESIDENT  
Name ST. HILAIRE, GARY D  
Address 2500 ELMERTON AVE  
City-State-Zip: HARRISBURG PA 17177-9799

Title DIRECTOR  
Name DAVIS, MICHAEL J JR  
Address 251 18TH ST S  
SUITE 900  
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR  
Name ABRAHAM, AJI M  
Address 2500 ELMERTON AVE  
City-State-Zip: HARRISBURG PA 17177-9799

Title SECRETARTY  
Name SHAMASH, TODD A  
Address 2500 ELMERTON AVE  
City-State-Zip: HARRISBURG PA 17177-9799

*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:** TODD A SHAMASH

**SECRETARY**

**01/22/2019**

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

\_\_\_\_\_  
Date