

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000006695

**FILED**  
**Mar 20, 2023**  
**Secretary of State**  
**3409897936CC**

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

**Current Principal Place of Business:**

251 18TH ST. SOUTH, STE. 900  
ARLINGTON, VA 22202

**Current Mailing Address:**

251 18TH ST. SOUTH, STE. 900  
ARLINGTON, VA 22202 US

**FEI Number:** 54-1808292

**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            PRESIDENT, DIRECTOR  
Name            DAVIS, MICHAEL J. JR.  
Address        251 18TH STREET SOUTH  
                  SUITE 900  
City-State-Zip: ARLINGTON VA 22202

Title            SECRETARY  
Name            KIEHL, RENAE KLUK  
Address        2500 ELMERTON AVE,  
City-State-Zip: HARRISBURG PA 17177

Title            TREASURER, DIRECTOR  
Name            WOODARD, TOLIVER RALPH  
Address        2500 ELMERTON AVENUE  
City-State-Zip: HARRISBURG PA 17177

Title            DIRECTOR  
Name            HEISEY, GLENN P.  
Address        2500 ELMERTON AVE  
City-State-Zip: HARRISBURG PA 17177

Title            DIRECTOR  
Name            WILBERT , APRIL  
Address        2500 ELMERTON AVE.  
City-State-Zip: HARRISBURG PA 17177

Title            CHAIRMAN, DIRECTOR  
Name            SHAMASH, TODD A.  
Address        2500 ELMERTON AVENUE  
City-State-Zip: HARRISBURG VA 17177

*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:** RENAE KLUK KIEHL

**SECRETARY**

**03/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date