

No. C 166303		Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. GROUP DENTAL SERVICE, INC. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA MD 20817 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARK C. SANTOS	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
SECRETARY	EDWARD CHUNG-I LEE	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
TREASURER	ELAINE ROSE COFRANDESCO	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	JERRY JOHN BELLIZZI	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	ELAINE ROSE COFRANDESCO	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	DAVE FONTAINE	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	JOEL DAVID HODGE	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	GREGORY STEPHEN MARTINO	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
DIRECTOR	MARK C. SANTOS	6705 ROCKLEDGE DRIVE SUITE 900	BETHESDA	MD	USA	20817	
5. Organized Under the Laws of: MD C 166303		6. Annual Report must be signed.* Signature: Collin Menkhus Name (type or print): Collin Menkhus Date: 04/03/2015 Title: POA					
Processed 04/03/2015		* Electronically provided signatures are accepted as original signatures.					