

1.) CORPORATION NAME: Fusion Dental, P.A., P.C. (USED IN VA BY: FusionDental, P.A.) 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: AMERICAN DENTAL PARTNERS OF VIRGINIA LLC 20955 PROFESSIONAL PLAZA STE 110 ASHBURN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 1/31/2015 SCC ID NO: F1573783 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	50,000
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2955 CRAIN HWY STE O CITY/ST/ZIP: WALDORF, MD 20601
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GREGORY R BOB TITLE: PRESIDENT ADDRESS: 2955 CRAIN HWY STE O CITY/ST/ZIP/CO: WALDORF, MD 20601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SCOTT A SYNNOTT TITLE: VICE PRESIDENT ADDRESS: 2955 CRAIN HWY STE O CITY/ST/ZIP/CO: WALDORF, MD 20601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GREGORY R BOB	GREGORY R BOB, PRESIDENT	3/10/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.