

1.) CORPORATION NAME:

GROUP DENTAL SERVICES, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1677683**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6705 ROCKLEDGE DRIVE
STE 900

CITY/ST/ZIP: BETHESDA, MD 20817

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:	ETHAN D FOXMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	111 ROCKVILLE PIKE		
CITY/ST/ZIP/CO:	SUITE 950 ROCKVILLE, MD 20850		

NAME:	ROBERT B FOX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6720B ROCKLEDGE DRIVE		
CITY/ST/ZIP/CO:	SUITE 700 BETHESDA, MD 20817		

NAME:	JOHN JOSEPH RUHLMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6720B ROCKLEDGE DRIVE		
CITY/ST/ZIP/CO:	SUITE 700 BETHESDA, MD 20817		

NAME:	SHIRLEY R. SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6720B ROCKLEDGE DRIVE		
CITY/ST/ZIP/CO:	STE 700 BETHESDA, MD 20817		

NAME:	RALPH FOXMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 ROCKVILLE PIKE		
CITY/ST/ZIP/CO:	SUITE 950 ROCKVILLE, MD 20850		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL D. HODGE DIRECTOR 151 FARMINGTON AVENUE HARTFORD, CT 06156	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW ASHER DIRECTOR 6720B ROCKLEDGE DRIVE SUITE 700 BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELAINE R. COFRANCESCO TREASURER 151 FARMINGTON AVENUE HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY J. BELLIZZI VICE PRESIDENT 151 FARMINGTON AVENUE HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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/ SHIRLEY R. SMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHIRLEY R. SMITH, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/13/2013 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.			