

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P31523 (4)**

1. Corporation Name  
**AVESIS INCORPORATED**

Principal Place of Business Mailing Address  
**4201 N. 24TH STREET, SUITE 300 PHOENIX AZ 85016**

3. Date Incorporated or Qualified **10/18/1990** 3a. Date of Last Report **03/30/1994**

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21 <b>100 W. Clarendon</b>	26 <b>100 W. Clarendon</b>	<b>86-0349350</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 <b>2300</b>	27 <b>2300</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>Phoenix, AZ</b>	28 <b>Phoenix, AZ</b>		
Zip Country	Zip Country		
24 <b>85013 USA</b>	25 <b>85013 USA</b>		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>FOX, KATHY 407 WEKIVA SPRINGS RD., STE 241 LONGWOOD FL 32779</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b>	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAPPADORA, FRANK</b>	1.2 NAME	<b>RICHTER, WILLIAM L.</b>
STREET ADDRESS	<b>4201 NO 24 STR STE 300</b>	1.3 STREET ADDRESS	<b>950 THIRD AVENUE</b>
CITY - ST - ZIP	<b>PHOENIX AZ</b>	1.4 CITY - ST - ZIP	<b>NEW YORK, NY</b>
TITLE	<b>CD</b>	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COHEN, WILLIAM R.</b>	2.2 NAME	<b>BLUM S.R., KENNETH L.</b>
STREET ADDRESS	<b>35 HILLSIDE AVENUE</b>	2.3 STREET ADDRESS	<b>17133 ERICA ROSE</b>
CITY - ST - ZIP	<b>HILLSIDE NJ</b>	2.4 CITY - ST - ZIP	<b>BOCA RATON, FL</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OOUE, SAM</b>	3.2 NAME	
STREET ADDRESS	<b>253 PASSAIC AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FAIRFIELD NJ</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, GERALD</b>	4.2 NAME	
STREET ADDRESS	<b>156 W 58 STR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MARK L.</b>	5.2 NAME	
STREET ADDRESS	<b>4201 N. 24TH ST STE 300</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHOENIX AZ</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an amendment with an address.

SIGNATURE: *Mark L. Smith* **4-4-95 (602) 241-3400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expires

APPROVED AND FILED  
**'95 APR 11 PM 2:08**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.