

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31523

FILED  
Feb 11, 2005  
Secretary of State

Entity Name: AVESIS INCORPORATED

**Current Principal Place of Business:**

3724 N. THIRD STREET  
300  
PHOENIX, AZ 85012 US

**New Principal Place of Business:**

**Current Mailing Address:**

10324 SOUTH DOLFIELD ROAD  
OWINGS MILLS, MD 21117 US

**New Mailing Address:**

FEI Number: 86-0349350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BLUM, KENNETH L.  
Address: 10324 SOUTH DOLFIELD ROAD  
City-St-Zip: OWINGS MILLS, MD 21117

Title: D ( ) Delete  
Name: LAYTON, BRENT D  
Address: 4230 LOVINGWOOD TRAIL  
City-St-Zip: POWDER SPRINGS, GA 30127

Title: DS ( ) Delete  
Name: BLUM II, KENNETH L  
Address: 10324 SOUTH DOLFIELD ROAD  
City-St-Zip: OWINGS MILLS, MD 21117

Title: D ( ) Delete  
Name: RICHTER, WILLIAM L.  
Address: 450 PARK AVE 28TH FL  
City-St-Zip: NEW YORK, NY

Title: PCEO ( ) Delete  
Name: COHN, ALAN S  
Address: 10324 SOUTH DOLFIELD RD  
City-St-Zip: OWINGS MILLS, MD 21117

Title: T ( ) Delete  
Name: ALPERSTEIN, JOEL H  
Address: 10324 SOUTH DOLFIELD RD  
City-St-Zip: OWINGS MILLS, MD 21117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOEL H. ALPERSTEIN

T

02/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date