

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31523

FILED
Feb 07, 2009
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: 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

TREA

02/07/2009

_____ Date