

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P31523

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC8184300034**

**Entity Name:** AVESIS INCORPORATED

**Current Principal Place of Business:**

3030 NORTH CENTRAL AVENUE  
SUITE 300  
PHOENIX, AZ 85012

**Current Mailing Address:**

10324 SOUTH DOLFIELD ROAD  
OWINGS MILLS, MD 21117 US

**FEI Number:** 86-0349350

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

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

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

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

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOEL H. ALPERSTEIN

**TREASURER**

**02/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date