

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P31523

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC4329874283**

**Entity Name:** AVESIS INCORPORATED

**Current Principal Place of Business:**

10400 NORTH 25TH AVENUE  
SUITE 200  
PHOENIX, AZ 85021-1696

**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            PRESIDENT, DIRECTOR  
Name            ALPERSTEIN, JOEL H  
Address        10324 SOUTH DOLFIELD RD  
City-State-Zip: OWINGS MILLS MD 21117

Title            TREASURER  
Name            SKINNER, WALTER  
Address        7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004

Title            SECRETARY  
Name            FINK, KRISTINA VICTORIA  
Address        7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004

Title            D  
Name            AHN, DONG  
Address        7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004

Title            DIRECTOR  
Name            COSTANTINI, MARC  
Address        7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004

Title            DIRECTOR  
Name            VALLARIO, VINCENT  
Address        7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004

Title            DIRECTOR  
Name            ROSENBLUM, JAY  
Address        101 CONSTITUTION AVENUE  
City-State-Zip: WASHINGTON DC 20001

Title            CEO, DIRECTOR  
Name            SWANKER, CHRISTOPHER TODD  
Address        3900 BURGESS PLACE  
City-State-Zip: BETHLEHEM PA 18017

**Continues on page 2**

*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

**PRESIDENT**

**01/30/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CEFOLE, MICHAEL  
Address        7 HANOVER SQUARE  
City-State-Zip: NEW YORK NY 10004