2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# L76754

Entity Name: CONCORDE CAREER INSTITUTE, INC.

Current Principal Place of Business:

164 W ROYAL PALM ROAD
8751 WEST BROWARD BLVD.
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

5800 FOXRIDGE DRIVE, STE 500
MISSION, KS 66202 US

New Mailing Address:

FEI Number: 43-1555483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: JENKS, DIANA H
Address: 4206 NW 75TH STREET
City-St-Zip: KANSAS CITY, MO 64151

Title: S ( ) Delete
Name: HENAK, LISA M
Address: 405 N.W. 53RD ST
City-St-Zip: KANSAS CITY, MO 64118

Title: D ( ) Delete
Name: SIGHT, THOMAS K
Address: 607 N BLUE PKWY
City-St-Zip: LEES SUMMIT, MO 64063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FOSTER, TIMOTHY
Address: 1405 WILLIAMS ROAD
City-St-Zip: YORK, PA 17402

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA M. HENAK S 02/21/2007

Electronic Signature of Signing Officer or Director Date