## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76754

FILED Jul 14, 2008 Secretary of State

			<b>,</b>	
Entity Name: CONCORDE CARE	ER INSTITUTE, INC.			
Current Principal Place of Busine	ss:	New Principal Plac	e of Business:	
164 W ROYAL PALM ROAD 8751 WEST BROWARD BLVD. BOCA RATON, FL 33432 US				
Current Mailing Address:		New Mailing Addre	ss:	
5800 FOXRIDGE DRIVE, STE 500 MISSION, KS 66202 US				
FEI Number: 43-1555483 FEI Numb	er Applied For()  F	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Re	gistered Agent:	Name and Address	of New Registered Agent:	
CORPORATION SERVICE COMPA 1201 HAYS STREET TALLAHASSEE, FL 32301 US	NY			
The above named entity submits this in the State of Florida.	s statement for the purp	oose of changing its register	red office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund	Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ( ) Delete Name: JENKS, DIANA H Address: 4206 NW 75TH STREET		Title: P Name: FOSTER, Address: 1405 WIL	(X) Change()Addition TIMOTHY LIAMS ROAD	

City-St-Zip: KANSAS CITY, MO 64151 City-St-Zip:

Title: () Delete HENAK, LISA M Name: Address: 405 N.W. 53RD ST

KANSAS CITY, MO 64118 City-St-Zip:

Title: ( ) Delete FOSTER, TIMOTHY Name:

Address: 1405 WILLIAMS ROAD City-St-Zip: YORK, PA 17402

NEW YORK, NY 10036 City-St-Zip:

(X) Change ( ) Addition

1177 AVENUE OF THE AMERICAS, 34TH FLOOR

YORK, PA 17402

MARSH, YVONNE

Title: () Change () Addition

Name: Address: City-St-Zip:

Title:

Name:

Address:

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: TIMOTHY FOSTER Ρ 07/14/2008