

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$554 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998 9



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V34337 (8)  
1. Corporation Name  
ALZHEIMER'S INSTITUTE OF AMERICA, INC.

Principal Place of Business  
1300 N. 78TH STREET  
SUITE 100  
KANSAS CITY KS 66112

Mailing Address  
1300 N. 78TH STREET  
SUITE 100  
KANSAS CITY KS 66112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/07/1992

4. FEI Number  
48-1131849

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SEXTON, RONALD E  
STREET ADDRESS 2900 VERONA ROAD  
CITY-ST-ZIP MISSION HILLS KS 66208

TITLE VPD  
NAME MULLAN, MICHAEL J  
STREET ADDRESS 15209 PLANTATION OAKS DR.  
CITY-ST-ZIP TAMPA FL 33647

TITLE  
NAME MULLAN, MICHAEL L  
STREET ADDRESS 15209 PLANTATION OAKS DRIVE  
CITY-ST-ZIP TAMPA FL 33647

TITLE S  
NAME CURRAN, MARJORIE E  
STREET ADDRESS 72040 PARALLEL  
CITY-ST-ZIP KANSAS CITY KS 66112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
400002905294-7  
-06/15/99--01041--009  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
400002905294-7  
-06/15/99--01041--010  
\*\*\*\*150.00 \*\*\*\*150.00

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARJORIE E. CURRAN

6/13/99 (98) 788-5533

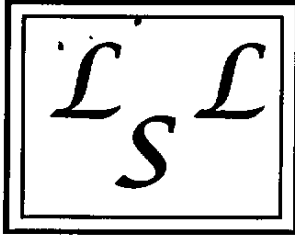
APPROVED  
AND  
FILED

99 JUN -7 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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CR2E034 (5/98)



**Logan, Schmidt & Lerner, P.A.**

*Certified Public Accountants*

1300 North 78<sup>th</sup> Street, Suite 100  
Kansas City, Kansas 66112-2493  
Phone: (913) 788-5533  
FAX: (913) 788-9097

8826 Santa Fe Drive, Suite 110  
Overland Park, Kansas 66212-3672  
Phone: (913) 642-1441  
FAX: (913) 642-1494

June 3, 1999

Florida Department of State  
Kathryn Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

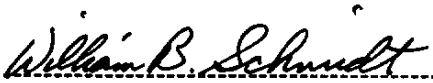
RE: Alzheimer's Institute of America, Inc.

Gentlemen:

Per my telephone conversation this morning with Sean (I think) in your office, our client, Alzheimer's Institute of America, Inc. is active but delinquent in filing their annual report for 1999. We did not receive a 1999 report from your office, which apparently Sean said you mailed out to all Corporations in January each year. We verified the mailing address as being correct, but I sincerely hope we don't have this problem in the future. Per Sean's instructions, I have changed the 1998 date to 1999, obtained signature and am herewith filing the report for 1999 along with the fee of \$150.

Please inform me immediately if anything else is required to keep this Corporation in good standing. Our client does not want to run a risk of not being in good standing, therefore, if there is anything you can do to insure this form will be mailed to us in the future, I would greatly appreciate it. Thank you.

Yours very truly

-----CPA  
William B. Schmidt

P.S. I have also enclosed a second check for \$8.75 to receive a Certificate of Good Standing.