2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # V34337

1. Entity Name
ALZHEIMER'S INSTITUTE OF AMERICA, INC.

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

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
48-1131849

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. 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	T
NAME	MULLAN, MICHAEL L
STREET ADDRESS	15209 PLANTATION OAKS DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	CURRAN, MARJORIE E
STREET ADDRESS	7240 PARALLEL
CITY-ST-ZIP	KANSAS CITY, KS 66112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie E Curran MARJORIE E. CURRAN 4-26-04 (913) 788-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #