# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Nov 15, 2007**
**Secretary of State**

DOCUMENT# V34337

**Entity Name:** ALZHEIMER'S INSTITUTE OF AMERICA, INC.

**Current Principal Place of Business:**

7837 PARALLEL PKWY
KANSAS CITY, KS 66112

**New Principal Place of Business:**

**Current Mailing Address:**

7837 PARALLEL PKWY
KANSAS CITY, KS 66112

**New Mailing Address:**

**FEI Number: 48-1131849** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SEXTON, RONALD E
Address: 2900 VERONA ROAD
City-St-Zip: MISSION HILLS, KS 66208

Title: VPD (X) Delete
Name: MULLAN, MICHAEL J
Address: 15209 PLANTATION OAKS DR.
City-St-Zip: TAMPA, FL 33647

Title: T (X) Delete
Name: MULLAN, MICHAEL L
Address: 15209 PLANTATION OAKS DRIVE
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete
Name: CURRAN, MARJORIE E
Address: 7240 PARALLEL
City-St-Zip: KANSAS CITY, KS 66112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: MARJORIE E. CURRAN SEC 11/15/2007

Electronic Signature of Signing Officer or Director — Date