

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V34337

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



FILED
Feb 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

7837 PARALLEL PKWY
KANSAS CITY, KS 66112

Mailing Address

7837 PARALLEL PKWY
KANSAS CITY, KS 66112



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number

48-1131849

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000832071
02/27/08-80044-008 158.75

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Secy

2/12/08

(913) 788-94