


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).

0117014

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 9 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

APPROVED AND FILED

99 JUN -7 PM 1:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

| | | | | | |
|--------------------------------|----|---------------------|----|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/07/1992 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 48-1131849 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | 25 | 29 | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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.

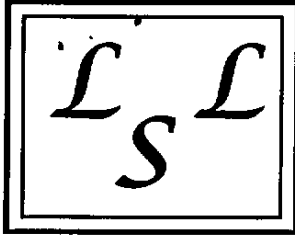
SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEXTON, RONALD E | 1.2 NAME | 400002905294 |
| STREET ADDRESS | 2900 VERONA ROAD | 1.3 STREET ADDRESS | -06/15/99--01041--009 |
| CITY-ST-ZIP | MISSION HILLS KS 66208 | 1.4 CITY-ST-ZIP | *****8.75 *****8.75 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLAN, MICHAEL J | 2.2 NAME | 400002905294 |
| STREET ADDRESS | 15209 PLANTATION OAKS DR. | 2.3 STREET ADDRESS | -06/15/99--01041--010 |
| CITY-ST-ZIP | TAMPA FL 33647 | 2.4 CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLAN, MICHAEL L | 3.2 NAME | |
| STREET ADDRESS | 15209 PLANTATION OAKS DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33647 | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURRAN, MARJORIE E | 4.2 NAME | |
| STREET ADDRESS | 72040 PARALLEL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KANSAS CITY KS 66112 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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* **MARJORIE E. CURRAN** 6/12/99 (93) 788-5533

CR2E034 (5/98)



Logan, Schmidt & Lerner, P.A.

Certified Public Accountants

1300 North 78th 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.