


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

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 48-1131849 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SEXTON, RONALD E 2900 VERONA ROAD MISSION HILLS, KS 66208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLAN, MICHAEL J 15209 PLANTATION OAKS DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLAN, MICHAEL L 15209 PLANTATION OAKS DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRAN, MARJORIE E 7240 PARALLEL KANSAS CITY, KS 66112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/28/04-80048-020 158.75

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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)(f), 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 4-28-04 (913) 788-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #