

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005423 (7)

1. Corporation Name

SPRINT HEALTHCARE SYSTEMS, INC.



Principal Place of Business

2330 SHAWNEE MISSION PARKWAY
WESTWOOD KS 66205

Mailing Address

2330 SHAWNEE MISSION PARKWAY
WESTWOOD KS 66205

3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

48-1168844

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

CP

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

BOWEN, CHARLES

1.2 NAME

STREET ADDRESS

2330 SHAWNEE MISSION PKWY.
WESTWOOD KS 66205

1.3 STREET ADDRESS

CITY-ST-ZIP

WESTWOOD KS 66205

1.4 CITY-ST-ZIP

TITLE

C

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

BRANYAN, BRUCE

2.2 NAME

STREET ADDRESS

2330 SHAWNEE MISSION PKWY.
WESTWOOD KS 66205

2.3 STREET ADDRESS

CITY-ST-ZIP

WESTWOOD KS 66205

2.4 CITY-ST-ZIP

TITLE

DV

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

JENSEN, DON A

3.2 NAME

STREET ADDRESS

2330 SHAWNEE MISSION PKWY.
WESTWOOD KS 66205

3.3 STREET ADDRESS

CITY-ST-ZIP

WESTWOOD KS 66205

3.4 CITY-ST-ZIP

TITLE

V

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

AMYOT, BERNIE

4.2 NAME

STREET ADDRESS

2330 SHAWNEE MISSION PARKWAY
WESTWOOD KS 66205

4.3 STREET ADDRESS

CITY-ST-ZIP

WESTWOOD KS 66205

4.4 CITY-ST-ZIP

TITLE

S

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

LOVE, CAROLYN S

5.2 NAME

STREET ADDRESS

2330 SHAWNEE MISSION PARKWAY
WESTWOOD KS 66205

5.3 STREET ADDRESS

CITY-ST-ZIP

WESTWOOD KS 66205

5.4 CITY-ST-ZIP

TITLE

T

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

BARANEK, ROBERT

6.2 NAME

STREET ADDRESS

2330 SHAWNEE MISSION PARKWAY
WESTWOOD KS 66205

6.3 STREET ADDRESS

CITY-ST-ZIP

WESTWOOD KS 66205

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don A. Jensen

1/30/96

816-854-7683

Date

Daytime Phone #

CR2E034 (12/95)