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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 66205-2005

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 903 E. 104th Street

27 Suite Apt. # etc.

28 M/S: MOKCMW0609

29 City & State

30 KANSAS City, MO

31 Zip

32 64131

33 Country

34 USA

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

03/04/1996

4. FEI Number

48-1168844

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME BOWEN, CHARLES
STREET ADDRESS 2330 SHAWNEE MISSION PKWY.
CITY-ST-ZIP WESTWOOD KS 66205

TITLE C
NAME BRANYAN, BRUCE
STREET ADDRESS 2330 SHAWNEE MISSION PKWY.
CITY-ST-ZIP WESTWOOD KS 66205

TITLE DV
NAME JENSEN, DON A
STREET ADDRESS 2330 SHAWNEE MISSION PKWY.
CITY-ST-ZIP WESTWOOD KS 66205

TITLE V
NAME AMYOT, BERNIE
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY
CITY-ST-ZIP WESTWOOD KS 66205

TITLE S
NAME LOVE, CAROLYN S
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY
CITY-ST-ZIP WESTWOOD KS 66205

TITLE T
NAME BARANEK, ROBERT
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY
CITY-ST-ZIP WESTWOOD KS 66205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON A. JENSEN

1/15/97

(916) 854-7683

CR2E034 (9/96)