

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005423 (7)

1. Corporation Name
SPRINT HEALTHCARE SYSTEMS, INC.



Principal Place of Business 2330 SHAWNEE MISSION PARKWAY WESTWOOD KS 66205	Mailing Address 903 E. 104TH STREET MS: MOKCMW0609 KANSAS CITY MO 64131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 11/03/1995	
4. FEI Number 48-1168844		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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
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	1.1 TITLE	President, Director
NAME	BOWEN, CHARLES	1.2 NAME	Bowen, Charles
STREET ADDRESS	2330 SHAWNEE MISSION PKWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	Director
NAME	BRANYAN, BRUCE	2.2 NAME	Branyan, Bruce
STREET ADDRESS	2330 SHAWNEE MISSION PKWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	JENSEN, DON A	3.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	Vice President
NAME	AMYOT, BERNIE	4.2 NAME	Gerald Euston
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	4.3 STREET ADDRESS	2330 Shawnee Mission Parkway
CITY-ST-ZIP	WESTWOOD KS 66205	4.4 CITY-ST-ZIP	Westwood, KS 66205
TITLE	S	5.1 TITLE	
NAME	LOVE, CAROLYN S	5.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	BARANEK, ROBERT	6.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	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: X

[Signature]

119.08

(511)854-7682

CR2E034 (10/97)