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

Mailing Address

903 E. 104TH STREET MS: MOKCMW0609

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **F95000005423**1. Corporation Name

Principal Place of Business 2330 SHAWNEE MISSION PARKWAY

WESTWOOD KS 66205

SPRINT HEALTHCARE SYSTEMS, INC.

	KANSAS CITY MO 64131					DO NOT WRITE IN THIS SPACE					
US					Ī	3. Date Incorporate	ed or Qualifed				
!						11/03/1995					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number				Арр	lied For
21		26				48-1168844				Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							\$8.	75 Ar	dditional
22	., -13	27				5. Certifcate of Sta	tus Desired		·F	ee Req	uired
City & State	,	- City & State				6. Election Campa	ion Financino		-s:	5.00 N	Jay Re
23		28			- 1	Trust Fund Conf				ided to	
Zip	Country	Zip	Country	-		8. This corporation		nt vear Inta	ngible		
	25	29 30				Personal Proper		n your into	☐ Ye		⊠No
24	9. Name and Address of Current		1			10. Name and Add		aistered /	gent		
	5. Haire and Address of Current	Registered Agent	81	Nar	me				•		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				or realite							
	HAYS STREET	82 Street Ad			et Addres	s (P.O. Box Number	is Not Acceptab	ile)			
	E 105										
	AHASSEE FL 32301		83								
IALL	MINOSEE FL 32301	* · · · ·	84	City					85	Zip Co	ode
	(1	,			<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	e-nam	ned corpor	ation submits this sta	tement for the p	urpose of	changi	ng its r	egistered
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.											
	III lamiliai with and accept the congain	313 61, 55001611 551 150051 1 15112	a canance	-							1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	eastered Ager	nt signati	ture required w	rhen reinstating)		DATE			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHA	NGES TO OFFI	CERS AN	DIR	ECTOF	R\$ IN 12
TITLE	PD	Ø DELETE	1.1 TITLE		PD	*			⋉ Ch	ange	Addition
NAME	BOWEN, CHARLES		1.2 NAME		l m :	che.					
	2330 SHAWNEE MISSION PKWY	,	1.3 STREET	r 4000r		54 W. 110 1 511	et				
STREET ADDRESS		•				_					
CITY-ST-ZIP	WESTWOOD KS 66205	⊠ DELETE	1.4 CITY-S	T-ZIP		rland Park, k	.5 00211		MX Ch	2000	Addition
TTLE	D PRINCE	S DECE IE	2.1 TITLE		A.D			`	<u> </u>	ungo	
NAME	BRANYAN, BRUCE		2.2 NAME		Kick	hard D. McRa	e				
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	•	2.3 STREE	T ADDRE	ESS 545	;4 W. 110 B S	4/2RT				
CITY-ST-ZIP	WESTWOOD KS 66205		2. 4 CITY-5	T-ZIP	Over	land Park, K	5 662(1				
TITLE	DV	☐ DELETE	31 TITLE		1				다	ange	` Addition
NAME	JENSEN, DON A		3.2 NAME		- 1						
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	, •	3.3 STREET	ADDRE	ESS						ļ
CITY-ST-ZIP	WESTWOOD KS 66205		3.4. CITY-5	T-ZIP							
TITLE	VP	□ DELETE	4.1 TITLE		AVF	2			⊠ Cr	ange	Addition
NAME	EUSTON, GERALD		4. 2 NAME		ma	rk V. Beshears	5				
STREET ADDRESS	2330 SHAWNEE MISSION PARK	WΔY	4.3 STREE	T ADDRI		3 E. 1045 S					
	WESTWOOD KS 66205	WAI									
CITY-ST-ZIP		☐ DELETE	4.4 CITY+S 5.1 TITLE	I-ZIP	Kar	usas City N	10 6-1131		[] Cr	ange	Addition
TITLE	S CAROLINA C	□ nere₁e	5.1 IIILE 5.2 NAME						, LJ V		Lai - saumon
NAME	LOVE, CAROLYN S										
STREET ADDRESS	2330 SHAWNEE MISSION PARK	WAY	5.3 STREE		- సర్						
CITY-\$T-ZIP	WESTWOOD KS 66205		5.4 CITY-S	T-ZIP							
TITLE	T	₩ DELETE	6.1 TITLE		Τ.		1. 1		K C	ange	Addition
NAME	BARANEK, ROBERT		6.2 NAME]M. 3	learnine Strang	diord				,
STORET ANNOESS	2330 SHAWNEE MISSION PARK	WAY '	6.3 STREET	T ADDRE	ESS 8140	ward Parkwo	·Υ				

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, with all other like empowered. CITY-ST-ZIP --

(816)854-7611

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90048 033 ***150.00

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