2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **F95000005423** SPRINT HEALTHCARE SYSTEMS, INC. 04-25-2000 90107 039 ***150.00 Principal Place of Business Mailing Address 903 E. 104TH STREET -- SHAWNEE MISSION PARKWAY MS: MOKCMW0609 51990, KS 66205 00074862 KANSAS CITY MO 64131-4509 3. Mailing Address Principal Place of Business 6500 Soriatta Soriat Harky DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Lilstop: HL-5ASTX Mailstop: Applied For City & State City & State 4. FFI Number 48-1168844 Overland Not Applicable overland fark \$8.75 Additional Zip \Box 5. Certificate of Status Desired Fee Required 1251-5777 Johnson 66251-577 Johnson 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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. **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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 PD **Change** ☐ Addition TITLE TITLE ☐ Delete Fuller, Michael B. MICHE, NAME NAME STREET ADDRESS 5454 W 110TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVERLAND PARK KS 66211 ☐ Addition Change Delete TITLE MCRAE, RICHARD D NAME NAME STREET ADDRESS **5454 W 110TH STREET** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OVERLAND PARK KS 66211 Change ☐ Addition Delete TITLE TITLE NAME jensen, don a NAME STREET ADDRESS 2330 SHAWNEE MISSION PKWY. STREET ADDRESS CITY-ST-7IP WESTWOOD KS 66205 CITY-ST-ZIP AVP Change Change ☐ Addition **AVP** ☐ Delete TITLE TITLE Beshears, Mark V. BESHEALS, MARK V NAME NAME 6500 Sprint Brkway STREET ADDRESS STREET ADDRESS 903 E 104TH STREET Overland Park KS 66251-5777 CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LOVE, CAROLYN S NAME NAME STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTWOOD KS 66205 Change ☐ Addition TITLE ☐ Delete TITLE Betts, Gene M. 2330 Shawnee Mission Parkway STRAMDOPRD, M. JEANNINE NAME NAME 8140 WARD PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Westwood, KS 66205 CITY-ST-ZIP KANSAS CITY MO 64114 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #