

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90038 043 ***150.00

DOCUMENT # F95000005423

1. Entity Name

SPRINT HEALTHCARE SYSTEMS, INC.

Principal Place of Business

Mailing Address

6500 SPRINT PKWY
OVERLAND PARK KS 66251-5777

6500 SPRINT PKWY
OVERLAND PARK KS 66251-5777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 48-1168844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME MICHE,
STREET ADDRESS 5454 W 110TH STREET
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE PRESIDENT ☒ Change ☐ Addition
NAME FULLER, MICHAEL B
STREET ADDRESS 5454 W. 110 St.
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE VD ☐ Delete
NAME MCRAE, RICHARD D
STREET ADDRESS 5454 W 110TH STREET
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VP ☒ Change ☐ Addition
NAME THOMAS A. GERKE
STREET ADDRESS 2330 SHAWNEE MISSION PKWY
CITY-ST-ZIP WESTWOOD, KS 66205

TITLE AVP ☒ Delete
NAME BESHEARS, MARK V
STREET ADDRESS 903 E 104TH STREET
CITY-ST-ZIP KANSAS CITY MO 64131

TITLE ASST. V. PRESIDENT ☒ Change ☐ Addition
NAME BESHEARS, MARK V
STREET ADDRESS 6500 SPRINT PKWY
CITY-ST-ZIP OVERLAND PARK, KS 66251

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME STRAMDOPRD, M. JEANNINE
STREET ADDRESS 8140 WARD PKWY
CITY-ST-ZIP KANSAS CITY MO 64114

TITLE TREASURER ☒ Change ☐ Addition
NAME BETTS, GENE M.
STREET ADDRESS 2330 SHAWNEE MISSION PKWY
CITY-ST-ZIP WESTWOOD, KS 66205

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/01

913.315.5820

CR2E034 (10/00)