

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005423

FILED
Apr 14, 2004
Secretary of State

Entity Name: SPRINT HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

6500 SPRINT PKWY
OVERLAND PARK, KS 662515777

New Principal Place of Business:

Current Mailing Address:

6500 SPRINT PKWY
HL-5ASTX
OVERLAND PARK, KS 662515777 US

New Mailing Address:

FEI Number: 48-1168844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FULLER, MICHAEL B
Address: 6360 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: VPD () Delete
Name: MCRAE, RICHARD D
Address: 6200 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: VPD () Delete
Name: TOUSSAINT, CLAUDIA S
Address: 6200 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: AVP () Delete
Name: BESHEARS, MARK V
Address: 6500 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: S () Delete
Name: LOVE, CAROLYN S
Address: 6200 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: T () Delete
Name: BETTS, GENE M
Address: 6200 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FULLER, MICHAEL B
Address: 6360 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: VP/D (X) Change () Addition
Name: MCRAE, RICHARD D
Address: 6200 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: VP/D (X) Change () Addition
Name: TOUSSAINT, CLAUDIA S
Address: 6200 SPRINT PKWY
City-St-Zip: OVERLAND PARK, KS 66251

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK V. BESHEARS

AVP

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date