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

0530034

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90124 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000000381**

1. Corporation Name
CERNER HEALTH FACTS, INC.

Principal Place of Business	Mailing Address
2800 ROCKCREEK PKWY KANSAS CITY MO 64117	2800 ROCKCREEK PKWY KANSAS CITY MO 64117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/23/1997

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 43-1732371 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 M. Gay Clay 4/29/99
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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, NEAL L		1.2 NAME		
STREET ADDRESS	2800 ROCKCREEK PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64117		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ILLIG, CLIFFORD W		2.2 NAME		
STREET ADDRESS	2800 ROCKCREEK PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64117		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	WALL, RICHARD J JR		3.2 NAME	SIMS, RANDY D.	
STREET ADDRESS	2800 ROCKCREEK PKWY		3.3 STREET ADDRESS	2800 ROCKCREEK PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO 64117		3.4 CITY-ST-ZIP	KANSAS CITY, MO 64117	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, MAUREEN M		4.2 NAME		
STREET ADDRESS	2800 ROCKCREEK PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64117		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NAUGHTON, M G		5.2 NAME		
STREET ADDRESS	280 ROCKCREEK PKWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64117		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	DONNER, J V		6.2 NAME		
STREET ADDRESS	2800 ROCKCREEK PKWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64117		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (816) 221-1024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)