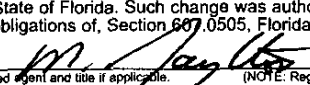


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

05-06-1999 90124 039 ***150.00

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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 2800 ROCKCREEK PKWY KANSAS CITY MO 64117			Mailing Address 2800 ROCKCREEK PKWY KANSAS CITY MO 64117		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-1732371	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	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  (NOTE: Registered Agent signature required when reinstating) 4/29/99					
12. OFFICERS AND DIRECTORS ☐ DELETE					
TITLE	CD	☐ DELETE			
NAME	PATTERSON, NEAL L				
STREET ADDRESS	2800 ROCKCREEK PKWY				
CITY-ST-ZIP	KANSAS CITY MO 64117				
TITLE	PD	☐ DELETE			
NAME	ILLIG, CLIFFORD W				
STREET ADDRESS	2800 ROCKCREEK PKWY				
CITY-ST-ZIP	KANSAS CITY MO 64117				
TITLE	S	☐ DELETE			
NAME	WALL, RICHARD J JR				
STREET ADDRESS	2800 ROCKCREEK PKWY				
CITY-ST-ZIP	KANSAS CITY MO 64117				
TITLE	T	☐ DELETE			
NAME	EVANS, MAUREEN M				
STREET ADDRESS	2800 ROCKCREEK PKWY				
CITY-ST-ZIP	KANSAS CITY MO 64117				
TITLE	VP	☐ DELETE			
NAME	NAUGHTON, M G				
STREET ADDRESS	280 ROCKCREEK PKWY				
CITY-ST-ZIP	KANSAS CITY MO 64117				
TITLE	D	☐ DELETE			
NAME	DONNER, J V				
STREET ADDRESS	2800 ROCKCREEK PKWY				
CITY-ST-ZIP	KANSAS CITY MO 64117				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition			
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	Secretary	☒ Change ☐ Addition			
3.2 NAME	SIMS, RANDY D.				
3.3 STREET ADDRESS	2800 ROCKCREEK PARKWAY				
3.4 CITY-ST-ZIP	KANSAS CITY, MO 64117				
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	Assistant Secretary	☒ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(816) 221-1024

CR2E034 (11/98)