2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F97000000381 **DOCUMENT #**

1. Entity Name



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90222 026 ***150.00

| CERNER F | | | | | | | | | |
|--|--|--|---|--------------|--|------------------|-----------------------------|-------------------|--|
| 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 | | 3. Mailing Address | | | |] | 103 (118) (01) | T) FIRE COAP | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. | 45 El Nulliber 49_4799974 | | lied For Applicable | | |
| Zip | Country | Zip | Country | 5. | Certificate of Status Desired [| | 75 Addit Required | | |
| | 6. Name and Address of Current R | egistered Agent | | | Name and Address of New Regis | tered Agen | t | - | |
| | 6. Name and Address of Current | | Name | | | | | | |
| | ORATION SYSTEM | | Street Addr | ess (P.O. E | Box Number is Not Acceptable) | | | | |
| | TH PINE ISLAND ROAD | | | | | | | _ | |
| PLAMIATIC | ON FL 33324 | | City | | | FL | Zip Code | | |
| the obligati | named entity submits this statement for ions of registered agent. | | | | | | iar with, a | nd accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent an | d title if applicable. (NC | OTE: Registered Agent signature r | equired when | reinstating) | DATE | | | |
| After | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of | State | | | Election Campaign Finance Trust Fund Contribution. | sing | | May Be to Fees | |
| 10. | OFFICERS AND D | | 11. | Α | DDITIONS/CHANGES TO OFFICE | RS AND DIF | RECTORS | | |
| TITLE NAME STREET ADDRESS | CPD PATTERSON, NEAL L 2800 ROCKCREEK PKWY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS | KANSAS CITY MO 64117 D ILLIG, CLIFFORD W 2800 ROCKCREEK PKWY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | KANSAS CITY MO 64117 S SIMS, RANDY D 2800 ROCKCREEK PKWY | ☐ Delete | TITLE NAME STREET ADDRESS | | | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | KANSAS CITY MO 64117 AT SIEMERS, SCOTT 2800 ROCKCREEK PKWY KANSAS CITY MO 64117 | ☐ Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15.7 | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCT NAUGHTON, M G | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MARASCO, LYNN. 2800 ROCKCREEK PKWY KANSAS CITY MO 64117 | Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | d in Sectio | on 119.07(3)(i), Florida Statutes. I fu | | Change | Addition Addition | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, withfall other like empowered.

SIGNATURE:

Afferchment 10018526 9700000381

CERNER HEALTH FACTS, INC. OFFICERS

| Name | Title | Address | | | |
|-------------------|-----------------------------|------------------------|--|--|--|
| Neal L. Patterson | Chairman of the Board | 2800 Rockcreek Parkway | | | |
| | & President | Kansas City, MO 64117 | | | |
| Marc G. Naughton | Chief Financial Officer, | 2800 Rockcreek Parkway | | | |
| mare or magness | Vice President, & Treasurer | Kansas City, MO 64117 | | | |
| Randy D. Sims | Secretary | 2800 Rockcreek Parkway | | | |
| Randy D. Simis | | Kansas City, MO 64117 | | | |
| Lynn R. Marasco | Assistant Secretary | 2800 Rockcreek Parkway | | | |
| Lymna Maraba | | Kansas City, MO 64117 | | | |
| Scott S. Siemers | Assistant Treasurer | 2800 Rockcreek Parkway | | | |
| Scott 3. Siemers | | Kansas City, MO 64117 | | | |

Attachment 17001.8525 F97000000381

CERNER HEALTH FACTS, INC. DIRECTORS

| Name | Address | | |
|-------------------|------------------------|--|--|
| Neal L. Patterson | 2800 Rockcreek Parkway | | |
| | Kansas City, MO 64117 | | |
| Clifford W. Illig | 2800 Rockcreek Parkway | | |
| | Kansas City, MO 64117 | | |