

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004913

Entity Name: CERNER HEALTH SERVICES, INC.**Current Principal Place of Business:**2800 ROCKCREEK PARKWAY
NORTH KANSAS CITY, MO 64117**Current Mailing Address:**2800 ROCKCREEK PARKWAY
NORTH KANSAS CITY, MO 64117**FEI Number:** 47-2018157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title DIRECTOR, VP, TREASURER
Name NAUGHTON, MARC G
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title ASST. TREASURER, VP
Name SIEMERS, SCOTT S
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title AS
Name MARASCO, LYNN R
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title ASST. TREASURER
Name RICHARDSON, SEAN
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title VPSD
Name SIMS, RANDY D
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title AS
Name DEVERS, DANIEL P
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title AS
Name ELKINS, MARC E
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title TREASURER
Name HULL, ELIZABETH W
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

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I hereby 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 all other like empowered.

SIGNATURE: SEAN RICHARDSON**ASSISTANT TREASURER 04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name STRONG, ANN
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title ASSISTANT SECRETARY
Name DOUGHERTY, JOHN
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117

Title VP
Name ENYEART, ED
Address 2800 ROCKCREEK PARKWAY
City-State-Zip: NORTH KANSAS CITY MO 64117