2/21/2002-90131-0
* 8/11/2002-9016!

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-11-2002 90165 027 ***550.00
02-21-2002 90131 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066078

1. Entity Name

INHEALTH COMPUTER SERVICES OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
~~6704 NORTH 9TH AVE STE B-4~~ PENSACOLA FL 32504	~~6704 NORTH 9TH AVE STE B-4~~ PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5269 SPRINGHILL	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State:
Zip: 32503 Country: ESCAMBIA	Zip: Country:

4. FEI Number: 59-374 2919 ~~5~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPER, LONNIE S 6704 NORTH 9TH AVE STE B-4 PENSACOLA FL 32504	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nicky & Edwinda 1061 S MACGREGOR PCola, FL 32514	☐ Delete 18 Aug 02	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PATRICK A. MOONEY 1202 Watson Pcola, FL 32503	☐ Delete 18 Aug	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pd Lonnie S. Loper ~~2336~~ 2336 Firestone Pcola, FL 32503	☐ Delete 5 Aug	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President J.D. Moore 5076 Winter Chapel Rd Atlanta, GA 30360	☐ Delete 18 Aug	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8504754152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #