2/21/2002-90131-0
* 8/11/2002-90165

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: 59-3742919 ~~[illegible]~~ — 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: Director NAME: Nicky G Edwards STREET ADDRESS: 1061 S MacGregor CITY-ST-ZIP: Pcola, FL 32514	☐ Delete 18 Aug 8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Director NAME: Patrick A. Mooney STREET ADDRESS: 1202 Watson CITY-ST-ZIP: Pcola, FL 32503	☐ Delete 18 Aug	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Pd NAME: Lonnie S. Loper STREET ADDRESS: ~~[illegible]~~ 2336 Firestone CITY-ST-ZIP: Pcola, FL 32503	☐ Delete 8 Aug	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: President NAME: J.D. Moore STREET ADDRESS: 5076 North Chapel Rd CITY-ST-ZIP: 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 #