

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066078

1. Entity Name  
INHEALTH COMPUTER SERVICES OF PENSACOLA, INC.



APPROVED  
AND  
FILED

03 OCT 13 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5269 SPRINGHILL  
PENSACOLA FL 32503  
US

Mailing Address  
5269 SPRINGHILL  
PENSACOLA FL 32503  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT 2003

4. FEI Number 59-3742919

Applied For  
Not Applicable

Zip Country

Zip Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME EDWARDS, NICKY G  
STREET ADDRESS 10615 MACGREGOR  
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

TITLE  
NAME 5000 Calle De Santiago  
STREET ADDRESS 105  
CITY-ST-ZIP Pensacola, FL 32502 ☐ Change ☐ Addition

TITLE D  
NAME MOONEY, PATRICK A  
STREET ADDRESS 1202 WATSON  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME LOPER, LONNIE S  
STREET ADDRESS 2336 FIRESTONE  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 300023370683  
CITY-ST-ZIP 09/26/03--01095--006 \*\*550.00 ☐ Change ☐ Addition

TITLE P  
NAME MOORE, J D  
STREET ADDRESS 5076 WINTER CHAPEL RD  
CITY-ST-ZIP ATLANTA GA 30360 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 300023370683  
CITY-ST-ZIP 10/13/03--01008--012 \*\*200.00 ☐ 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

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (4/03)