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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90022 035 ***150.00

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02052008 Chg-P CR2E034 (12/06)

DOCUMENT # F04000007188					
1. Entity Name COMPANION TECHNOLOGIES CORPORATION HealthPort Inc.					
Principal Place of Business 8901 FARROW ROAD COLUMBIA, SC 29203			Mailing Address 8901 FARROW ROAD COLUMBIA, SC 29203		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-0811606	
				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		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 re-statuting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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 NAME STREET ADDRESS CITY ST ZIP	CEO HAYNES, PAT 8901 FARROW ROAD COLUMBIA, SC 29203	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P LABEDZ, MICHAEL 8901 FARROW ROAD COLUMBIA, SC 29203	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President Frank Murphy 120 Bluegrass Valley Parkway Alpharetta, GA 30005	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VAT KINART, TERESA C 8901 FARROW ROAD COLUMBIA, SC 29203	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Sec/Treasurer Peter Schmitt 120 Bluegrass Parkway Alpharetta, GA 30005	☐ Change ☒ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Peter A. Schmitt</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Sec/Treasurer		
			Date: <u>2/5/08</u>		
			Daytime Phone #: <u>770.360.1780</u>		