

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007188

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: HEALTHPORT INCORPORATED

## Current Principal Place of Business:

8901 FARROW ROAD  
COLUMBIA, SC 29203

## New Principal Place of Business:

## Current Mailing Address:

8901 FARROW ROAD  
COLUMBIA, SC 29203

## New Mailing Address:

FEI Number: 57-0811606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: HAYNES, PAT  
Address: 8901 FARROW ROAD  
City-St-Zip: COLUMBIA, SC 29203

Title: P ( ) Delete  
Name: MURPHY, FRANK  
Address: 100 BLUEGRASS VALLEY PARKWAY  
City-St-Zip: ALPHARETTA, GA 30005

Title: ST ( ) Delete  
Name: SCHMITT, PETER  
Address: 120 BLUEGRASS PARKWAY  
City-St-Zip: ALPHARETTA, GA 30005

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: HAYNES, PAT  
Address: 925 NORTHPOINT PARKWAY SUITE 350  
City-St-Zip: ALPHARETTA, GA 30005

Title: P (X) Change ( ) Addition  
Name: LABEDZ, MICHAEL  
Address: 925 NORTHPOINT PARKWAY SUITE 350  
City-St-Zip: ALPHARETTA, GA 30005

Title: VP (X) Change ( ) Addition  
Name: ARMOLD, LARRY  
Address: 925 NORTHPOINT PARKWAY SUITE 350  
City-St-Zip: ALPHARETTA, GA 30005

Title: ST ( ) Change (X) Addition  
Name: GRAZZINI, BRIAN  
Address: 925 NORTHPOINT PARKWAY SUITE 350  
City-St-Zip: ALPHARETTA, GA 30005

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY ARMOLD

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date