

Division of Corporations
F040000007198
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000269419 3)))



H100002694193ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2010 DEC 15 PM 2:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT
Please retain original filing
date of submission 12/15/10

DISSOLUTION OR WITHDRAWAL
HEALTHPORT INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	0324
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Withdrawal
APR
12/16/10



December 16, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HEALTHPORT INCORPORATED
925 NORTH POINT PARKWAY
SUITE 350
ALPHARETTA, GA 30005

SUBJECT: HEALTHPORT INCORPORATED
REF: F04000007188

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H10000269419
Letter Number: 910A00029111

RECEIVED

10 DEC 16 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healthport Incorporated
(Name of Corporation)

DOCUMENT NUMBER: F04000007188

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jan McDavid, General Counsel

(Name of Person)

HealthPort

(Firm/Company)

925 North Point Parkway, Suite 350

(Address)

Alpharetta, GA 30005

(City/State and Zip code)

For further information concerning this matter, please call:

Kim Smith

(Name of Person)

at (770) 360-1727

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Healthport Incorporated
(Name of Corporation)

F04000007188
(Document Number of Corporation (if known))

South Carolina
(Incorporated Under Laws of)

FILED
2010 DEC 15 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.


This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

1401 Main Street, Suite 400 and 500
(Mailing Address)

Columbia, SC 29201
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

12/10/10
(Date)

Brian Grazzini
(Typed or printed name of person signing)

CFO
(Title of person signing)

FILING FEE \$35