## M0/000002545

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
· · · · · · · · · · · · · · · · · · ·				





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09/02/08--01029--007 \*\*25.00

FILED

1008 SEP 22 P 12: 1
SECRETARY OF STATE
TALLAHASSEE

T. HAMPTON

SEP 2 2 2008

**EXAMINER** 

#### **COVER LETTER**

	_	tration S on of Co	ection orporations			
SUBJE	CT:	Health	nPort Technologies (Name of Foreign L		ity Compar	ny)
Dear Si	r or M	ladam:				
The end	closed	applicat	ion, certificate and fee(s)	are submitted	for filing.	
Please r	return	all corre	spondence concerning this	s matter to the	following	:
Af	<u> </u>	5	(Name of Person)			
Healt	<u>hPor</u>	t Tech	nnologies, LLC (Firm/Company)			
120 E	3lue(	Grass	Valley Pkwy			
			(Address)			
Alpha	aretta	a, GA	30005			
			(City/State and Zip Code	)		
For furt	ther in	formatio	on concerning this matter,	please call:		
Сф	11.N	(Name	eof Person) and (	1 ( <u>770</u> ) Area Code &	(6) Daytime T	- 2124 Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclose	ed is a	check t	for the following amount	:		
\$25	Filing	Fee	\$30 Filing Fee & Certificate of Status	\$55 Filin Certified	•	\$60 Filing Fee, Certificate of Status & Certified Copy

08 SEP 22 AH II: 46
SECRETAST OF STATE
TALLAHASSEE, FLORIDA

September 3, 2008

APRIL STEELE HEALTHPORT TECHNOLOGIES LLC 120 BLUEGRASS VALLEY PKWY ALPHARETTA, GA 30005

SUBJECT: SMART DOCUMENT SOLUTIONS, LLC

Ref. Number: M01000002545

We have received your document for SMART DOCUMENT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 208A00048552

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### **SECTION I (1-3 must be completed)**

1.	Name of limited liability company as it appears on the records of the Florida Department of State: Smart Document Solutions, LLC
2.	Jurisdiction of its organization: Georgia
3.	Date authorized to do business in Florida: 11/13/2001
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?
5.	New name of the limited liability company: HealthPort Technologies, LLC
	(must end with "Limited Liability Company, " "L.L.C.," or "LLC.")
Flo the or	Fname unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")  If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of recomposition that it is organized.  Signature of a member or the authorized representative of a member 22 member 22 member 22 member 22 member 23 member 24 member 25 member 25 member 26 member 27 member 27 member 27 member 27 member 28 member 28 member 28 member 28 member 29 member 20

Filing Fee: \$25.00

## STATE OF GEORGIA

#### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF AMENDMENT

NAME CHANGE

I, Karen C Handel, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

#### SMART DOCUMENT SOLUTIONS, LLC

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 10/03/2007 changing its name to

#### **HEALTHPORT TECHNOLOGIES, LLC**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on October 3, 2007



Karen C Handel Secretary of State

Heun CHandle

Control No. 0147580

### STATE OF GEORGIA

#### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### HEALTHPORT TECHNOLOGIES, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 10/26/2001 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of September, 2008

Karen C Handel Secretary of State

Certification Number: 3131972-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp