

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002545

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: HEALTHPORT TECHNOLOGIES, LLC

**Current Principal Place of Business:**

120 BLUEGRASS VALLEY PKWY.  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

120 BLUEGRASS VALLEY PKWY  
ALPHARETTA, GA 30005

**New Mailing Address:**

FEI Number: 58-2659941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: MURPHY, FRANK B  
Address: 120 BLUEGRASS VALLEY PKWY.  
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO ( ) Delete  
Name: SCHMITT, PETER A  
Address: 120 BLUEGRASS VALLEY PKWY  
City-St-Zip: ALPHARETTA, GA 30005

Title: COO (X) Delete  
Name: ROBERTS, STEVE  
Address: 120 BLUEGRASS VALLEY PKWY  
City-St-Zip: ALPHARETTA, GA 30005

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: LABEDZ, MIKE  
Address: 120 BLUEGRASS VALLEY PKWY.  
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO (X) Change ( ) Addition  
Name: GRAZZINI, BRIAN  
Address: 120 BLUEGRASS VALLEY PKWY  
City-St-Zip: ALPHARETTA, GA 30005

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN GRAZZINI

MGR

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date