# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 26, 2010**
**Secretary of State**

DOCUMENT# M01000002545

**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:**

925 NORTH POINT PARKWAY
SUITE 350
ALPHARETTA, GA 30005

**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
Name: LABEDZ, MIKE
Address: 925 NORTH POINT PARKWAY, SUITE 350
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO
Name: GRAZZINI, BRIAN
Address: 925 NORTH POINT PARKWAY, SUITE 350
City-St-Zip: ALPHARETTA, GA 30005

I hereby 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 Statues.

SIGNATURE: BRIAN GRAZZINI MGR 03/26/2010

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