2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2011
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:

925 NORTH POINT PARKWAY
SUITE350
ALPHARETTA, GA 30005

Current Mailing Address:

925 NORTH POINT PARKWAY
SUITE 350
ALPHARETTA, GA 30005

New Mailing Address:

925 NORTH POINT PARKWAY
SUITE350
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: MGR
Name: LABEDZ, MIKE
Address: 925 NORTH POINT PARKWAY, SUITE 350
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR
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 04/21/2011

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