

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE TYP							
7. ID No. 121142		t name of the limited liability company t Document Solutions, LLC					
3. State of Formation	10		·	ss which is actually conducted	in Rhode Island	·	
GEORGIA		MEDICAL DOCUM	ENT IMAGING				
5. Principal office add 120 BLUEGRASS		EY PARKWAY		City ALPHARETTA	Siaie GA	7.ip 30005 -	
6. MAILING ADD	RESS C	F LIMITED LIAB	ILITY COMPANY A	ND NAME OR TITLE	OF CONTACT P		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AT Contact Name Cindy Thurman				Contact Title Controller			
Street Address 120 BLUEGRASS VALLEY PARKWAY				City	State	Zip	
			CER OF THE LOAD	ALPHARETTA	GA	30005-	
A INAME AND AU		FILL IN SPACES	BEFORE USING ATTA	TED LIABILITY COMPACHMENTS ("X" BOX FILING OF AMENDMENT. R	OR ATTACHMENT)		
danager Name		SOLITION TO IM	NINGERS REQUIRES	· Manager Name	1.1.G.L 7-16-12 (a) (2	7-16-52	
<u> 2</u> 0#り・	<u>A.S</u> 1	NART, II		•			
Sircei Address	_	DNWAY DR		· Sircei Address			
ATLANTA	.	State GA	Zip 30327	*City	State	Zip	
Manager Name	• • • •	J	.1	Manager Name	l		
Street Address	<u> </u>	 .		· Sirvei Address			
City		State	Zip	City	State	Zip	
RESIDENT AGE Igent Name CORPORATION			NOT ALTER- Change	as require filing of Fo			
Address	-			City			
_				WARWICK		02888-	
This report must be	e signed	in ink by an auth	orized person pursu	ant to 7-16-66.			
121142 FLLC Q File Date 7 Check No. 2	1/0	05:40:06 PM		this report, including and that all statemen	g any accompanying its contained herein	offirm that I have examined schedules and statements, are true and correct. Date MAN	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 121142 Smart Document Solutions, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL DOCUMENT IMAGING **GEORGIA** 5. Principal office address Cin State Zip 120 BLUEGRASS VALLEY PARKWAY **ALPHARETTA** GA 30005-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Street Address City State Zip 120 BLUEGRASS VALLEY PARKWAY . ALPHARETTA GA 30005-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACIJMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address · Street Address City State State Zip Manager Name Manager Name Street Address ·Sircei Address City State City Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CORPORATION SERVICE COMPANY** 222 JEFFERSON BOULEVARD, SUITE 200 Address City WARWICK 02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.

121142 FL	C 08/22/04 01:15:58 PM
File Date	
Check No.	Lu Lu - 1 (p)
By:	AUG 2 6 2004 17) JPM

this report, inclu-		Tirm that I have examined schedules and statements,
	h	8/20/04
Signature of Liutho	•	Date
	THURINAN ne of Authorized Person)



Filing Period: September 1 - November 1 • Filing Fee: \$50.00

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company *121142* Smart Document Solutions, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL DOCUMENT IMAGING **GEORGIA** 5. Principal office address State City Zip 120 BLUEGRASS VALLEY PARKWAY 30005-**ALPHARETTA** ĢA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Street Address City State 120 BLUEGRASS VALLEY PARKWAY . ALPHARETTA GA 30005-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name ·Managor Name JOHN A SMART II Street Address · Street Address 120 BLUEGRASS VALLEY PKWY Cin State Ziρ ·City State Zip 30005 **ALPHARETTA** GA Manager Name

Manager Name

·Street Address

,City

Address

PROVIDENCE

Cin

This report must be signed in ink by an authorized person pursuant to 7-16-66.

Zρ

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.E.G.L. 7-16-11



State

CORPORATION SERVICE COMPANY

**121142* 7/2	21/0311:33:28 AM*
File Date	8-7-03
Check No.	311280
B <u>y:</u>	
FOR SECRETAR	Y OF STATE USE ONLY

Street Address

Agent Name

Address

Cin

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

State

02903-

170 WESTMINSTER STREET, SUITE 900

Smart Print or Type Name of Authorized Person