



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brawn, 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 TYPED OR PRINTED IN BLACK)

1. ID No. 121142		2. Exact name of the limited liability company Smart Document Solutions, LLC	
3. State of Formation GEORGIA		4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL DOCUMENT IMAGING	
5. Principal office address 120 BLUEGRASS VALLEY PARKWAY		City ALPHARETTA	State GA Zip 30005-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Cindy Thurman Contact Title: Controller Street Address: 120 BLUEGRASS VALLEY PARKWAY City: ALPHARETTA State: GA Zip: 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name JOHN A. SMART, II		Manager Name	
Street Address 1040 CONWAY DR.		Street Address	
City ATLANTA	State GA	Zip 30327	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address 222 JEFFERSON BOULEVARD, SUITE 200	
Address		City WARWICK	Zip 02888-

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



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121142 FLLC 06/10/05 05:40:06 PM	
File Date	7/1/05
Check No.	340632
By:	DA
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person
Date: 6/10/05
CINDY THURMAN
Print or type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. ID No. 121142		2. Exact name of the limited liability company Smart Document Solutions, LLC	
3. State of Formation GEORGIA		4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL DOCUMENT IMAGING	
5. Principal office address 120 BLUEGRASS VALLEY PARKWAY		City ALPHARETTA	State GA
		Zip 30005-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name		Contact Title	
Street Address 120 BLUEGRASS VALLEY PARKWAY		City ALPHARETTA	State GA
		Zip 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) <input type="checkbox"/> 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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address 222 JEFFERSON BOULEVARD, SUITE 200	
Address		City WARWICK	Zip 02888-

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



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121142 FLLC 08/22/04 01:15:58 PM

File Date _____

Check No. _____

By: _____

AUG 26 2004

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person _____ Date 8/26/04

CINDY THURMAN
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *121142*		2. Exact name of the limited liability company Smart Document Solutions, LLC			
3. State of Formation GEORGIA		4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL DOCUMENT IMAGING			
5. Principal office address 120 BLUEGRASS VALLEY PARKWAY		City ALPHARETTA	State GA	Zip 30005-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name		Contact Title			
Street Address 120 BLUEGRASS VALLEY PARKWAY		City ALPHARETTA	State GA	Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name JOHN A SMART II		Manager Name			
Street Address 120 BLUEGRASS VALLEY PKWY		Street Address			
City ALPHARETTA	State GA	Zip 30005	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY		Address 170 WESTMINSTER STREET, SUITE 900			
Address		City PROVIDENCE		Zip 02903-	

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



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.

Signature of Authorized Person
Date 7.30.03
John A. Smart, II
Print or Type Name of Authorized Person

**121142* 7/21/03 11:33:28 AM*

File Date

8-17-03

Check No.

311280

By

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