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(Requestor's Name)

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(City/State/Zip/Phone #)

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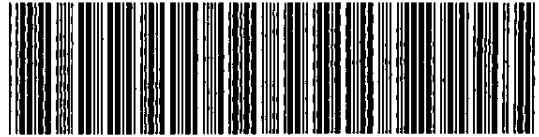
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

T. CLINE

JAN 12 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2009

MIKE PHAM  
56 TECHNOLOGY DRIVE  
IRVINE, CA 92618

SUBJECT: SAGE SOFTWARE HEALTHCARE, LLC  
Ref. Number: W09000056024

We have received your document for SAGE SOFTWARE HEALTHCARE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 609A00039384

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TALLAHASSEE, FLORIDA

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**Sage North America**

56 Technology Drive  
Irvine, CA 92618-2301

Telephone: 949-753-1222

Facsimile: 949-753-1596

December 16, 2009

Department of State  
Division of Corporations  
P.O. Box 6324  
Tallahassee, FL 32314

Re: Certificate of Withdrawal and Registration

Dear Sir/Madam:

Sage Software Healthcare, Inc. is a qualified foreign corporation which recently converted to a limited liability company in its home State of Delaware. Please find attached for filing the Application for Certificate of Withdrawal and the Application for Registration. I have included check # 359681 in the amount of \$160.00 representing the filing fees. Also included are certified copies of the filings from the Delaware Secretary of State and a Certificate of good standing. Once filed, please send a filed stamp copy to my attention. Thank you for your assistance in this matter. Please feel free to contact me directly at (949) 450-3886 should you have any questions or concerns.

Sincerely,

Mike Pham  
Sr. Paralegal

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2010 JAN 11 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sage Software Healthcare, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Mike Pham  
Name of Person

Sage  
Firm/Company

56 Technology Drive  
Address

Irvine, CA 92618  
City/State and Zip Code

michael.pham@sage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Pham at ( 949 ) 450-3886  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Sage North America**

56 Technology Drive  
Irvine, CA 92618-2301

Telephone: 949-753-1222

Facsimile: 949-753-1500

January 5, 2010

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Conversion of qualified foreign corporation

Dear Sir/Madam:

Thank you for your letter dated December 29, 2009 (enclosed). Pursuant to your request, please find enclosed the re-submitted Application by Foreign Limited Liability Company for Authorization to Transact Business and the Designation of Registered Agent forms. Thank you for your assistance in this matter. Please feel free to contact me directly at (949) 450-3886 should you have any questions or concerns.

Sincerely,

Mike Pham  
Sr. Paralegal

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. Sage Software Healthcare, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 59-3396629  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 30, 2009 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 09/30/09  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4301 W. Boy Scout Blvd.. Suite 800  
Tampa, FL 33607  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:  
See attached

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Application software and  
maintenance provider.

Brian Tran  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brian Tran  
Typed or printed name of signee

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## Managers/Officers

**Name:** Sage Software Healthcare, LLC  
**Organized:** September 30, 2009 in Delaware  
**FEIN #:** 59-3396629

### Member

Sage Software, Inc.

56 Technology Drive  
Irvine, CA 9261

### Managers

Sue Swenson  
56 Technology Drive  
Irvine, CA 92618

Jeanne Walters  
4301 W. Boy Scout Blvd., Suite 800  
Tampa, FL 33607

Paul Harrison  
North Park  
Newcastle upon Tyne  
NE13 9AA  
UK

Paul A. Walker  
North Park  
Newcastle upon Tyne  
NE13 9AA  
UK

### Officers

President

Sue Swenson  
56 Technology Drive  
Irvine, CA 92618

Chief Operating Officer

Melinda Benton  
4301 W. Boy Scout Blvd., Suite 800  
Tampa, FL 33607

Senior Vice President  
of Finance

Jeanne Walters  
4301 W. Boy Scout Blvd., Suite 800  
Tampa, FL 33607

Senior Vice President  
of Tax

Robert Stockton  
56 Technology Drive  
Irvine, CA 92618

Secretary

Janet Livengood  
4301 W. Boy Scout Blvd., Suite 800  
Tampa, FL 33607

Assistant Secretary

Brian Tran  
56 Technology Drive  
Irvine, CA 92618

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Sage Software Healthcare, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

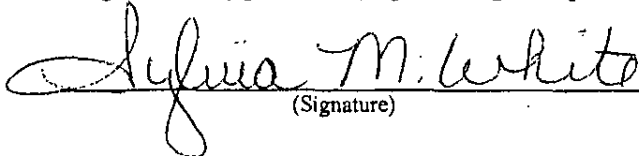
1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FL



# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAGE SOFTWARE HEALTHCARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2009.

2639856 8300

091079054

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7687798

DATE: 12-09-09