


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90004 037 ***150.00

DOCUMENT # F02000001039	
1. Entity Name NEXTGEN HEALTHCARE INFORMATION SYSTEMS, INC.	

Principal Place of Business 795 HORSHAM ROAD, 2ND FLOOR HORSHAM, PA 19044 US	Mailing Address 795 HORSHAM ROAD, 2ND FLOOR HORSHAM, PA 19044 US
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24079464



2. Principal Place of Business 18191 Von Karman Ave Suite, Apt. #, etc. Suite 450 City & State Irvine, CA Zip 92612 Country Orange	3. Mailing Address 18191 Von Karman Ave Suite, Apt. #, etc. Suite 450 City & State Irvine, CA Zip 92612 Country Orange
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07082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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4. FEI Number 33-0702959	Applied For <input type="checkbox"/> Not Applicable
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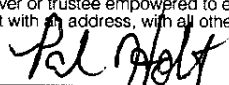
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLINE, PATRICK B		NAME	
STREET ADDRESS 17822 E. 17TH ST STE. 210		STREET ADDRESS	
CITY-ST-ZIP TUSTIN, CA 92780		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLT, PAUL		NAME	
STREET ADDRESS 17822 E. 17TH ST STE. 210		STREET ADDRESS	
CITY-ST-ZIP TUSTIN, CA 92780		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEYER, FRANK		NAME	
STREET ADDRESS 17822 E. 17TH ST STE. 210		STREET ADDRESS	
CITY-ST-ZIP TUSTIN, CA 92780		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANSON, DALE		NAME	
STREET ADDRESS 17822 E. 17TH ST STE. 210		STREET ADDRESS	
CITY-ST-ZIP TUSTIN, CA 92780		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EL-BARDAI, TAWFICK		NAME	
STREET ADDRESS 17822 E. 17TH ST STE. 210		STREET ADDRESS	
CITY-ST-ZIP TUSTIN, CA 92780		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIKRY, EMAD		NAME	
STREET ADDRESS 17822 E. 17TH ST STE. 210		STREET ADDRESS	
CITY-ST-ZIP TUSTIN, CA 92780		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: X 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul Holt
07/10/04 Date	949-255-2600 Daytime Phone #

Attachment
24079464
#F0200000 1039

NEXTGEN HEALTHCARE INFORMATION SYSTEMS, INC.

Directors and Officers

Directors:

Sheldon Razin	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Mohammed Tawfick El-Bardai	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Emad A. Zikry	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Dale M. Hanson	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Frank C. Meyer	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
William E. Small	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Ahmed Hussein	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612

Executive Officers:

Louis Silverman, President and CEO	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Patrick Cline, Executive Vice President	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Greg Flynn, V. P. Sales and Marketing	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612
Paul Holt, Secretary and CFO	18191 Von Karman Avenue, Suite 450, Irvine, CA 92612