2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001039

1. Entity Name
NEXTGEN HEALTHCARE INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
18191 VON KARMAN AVENUE SUITE 450 IRVINE, CA 92612 US	18191 VON KARMAN AVENUE SUITE 450 IRVINE, CA 92612 US

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0702959
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SILVERMAN, LOU
STREET ADDRESS	18191 VON KARMAN AVENUE, SUITE 450
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	ST
NAME	HOLT, PAUL
STREET ADDRESS	18191 VON KARMAN AVENUE, SUITE 450
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	O
NAME	CLINE, PATRICK
STREET ADDRESS	18191 VON KARMAN AVENUE, SUITE 450
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	O
NAME	FLYNN, GREG
STREET ADDRESS	18191 VON KARMAN AVENUE, SUITE 450
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul Holt 3/24/06 (949) 255-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #