

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001039

FILED
Jan 16, 2009
Secretary of State

Entity Name: NEXTGEN HEALTHCARE INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

18191 VON KARMAN AVENUE
SUITE 450
IRVINE, CA 92612 US

New Principal Place of Business:

18111 VON KARMAN AVENUE
SUITE 600
IRVINE, CA 92612 US

Current Mailing Address:

18191 VON KARMAN AVENUE
SUITE 450
IRVINE, CA 92612 US

New Mailing Address:

18111 VON KARMAN AVENUE
SUITE 600
IRVINE, CA 92612 US

FEI Number: 33-0702959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SILVERMAN, LOUIS
Address: 18191 VON KARMAN AVENUE, SUITE 450
City-St-Zip: IRVINE, CA 92612

Title: SEC () Delete
Name: HOLT, PAUL
Address: 18191 VON KARMAN AVENUE, SUITE 450
City-St-Zip: IRVINE, CA 92612

Title: PRES () Delete
Name: CLINE, PATRICK
Address: 18191 VON KARMAN AVENUE, SUITE 450
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: PLOCHOCKI, STEVE
Address: 18111 VON KARMAN AVENUE, SUITE 600
City-St-Zip: IRVINE, CA 92612

Title: SEC (X) Change () Addition
Name: HOLT, PAUL
Address: 18111 VON KARMAN AVENUE, SUITE 600
City-St-Zip: IRVINE, CA 92612

Title: PRES (X) Change () Addition
Name: CLINE, PATRICK
Address: 18111 VON KARMAN AVENUE, SUITE 600
City-St-Zip: IRVINE, CA 92612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HOLT

CFO

01/16/2009

Electronic Signature of Signing Officer or Director

Date