# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003746

1. Entity Name
ATHENAHEALTH, INC.

FILED
06 MAR -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100088956381

02212006 Chg-P CR2E034 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 311 ARSENAL STREET<br>WATERTOWN, MA 02472 | 311 ARSENAL STREET<br>WATERTOWN, MA 02472 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 04-3387530 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>BUSH, JONATHAN S<br>311 ARSENAL STREET<br>WATERTOWN, MA 02472 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ann LaMont, Director<br>1 Gorham Island<br>Westport, CT 06880 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TCFO<br>BYERS, CARL<br>311 ARSENAL STREET<br>WATERTOWN, MA 02472 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Richard Foster<br>200 Park Ave, 22nd Floor<br>New York, NY 10022 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>NOLIN, CHRISTOPHER<br>311 ARSENAL STREET<br>WATERTOWN, MA 02472 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HULL, BRANDON<br>221 NASSAU STREET<br>PRINCETON, NJ 08542 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KING-SHAW, RUBEN<br>7501 WISCONSIN AVE.<br>BETHESDA, MD 20814 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>King-Shaw Ruben<br>2525 West End Ave<br>Nashville, TN 37203 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBERTS, BRYAN<br>2494 SAND HILL ROAD, STE. 200<br>MENLO PARK, CA 94025 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Christopher Nolin Christopher Nolin 2/24/06 617 402 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 894122 5151798

AUTHORIZATION :

COST LIMIT : $ 150.00

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ORDER DATE : March 1, 2006

ORDER TIME : 10:25 AM

ORDER NO. : 894122-005

CUSTOMER NO: 5151798

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ANNUAL REPORT FILING

NAME: ATHENAHEALTH, INC.

RECEIVED
06 MAR -2 AM 11:01
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____