2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003746

1. Entity Name
ATHENAHEALTH, INC.

FILED
2007 FEB 16 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

02122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
311 ARSENAL STREET WATERTOWN, MA 02472	311 ARSENAL STREET WATERTOWN, MA 02472

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Same as above	Same as above
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 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 800088519018
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 BUSH, JONATHAN S 311 ARSENAL STREET WATERTOWN, MA 02472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director James Mann 680 East Swedesford Rd. Wayne, PA 19087	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO BYERS, CARL 311 ARSENAL STREET WATERTOWN, MA 02472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John F. Kerry, Jr. 745 Atlantic Ave Boston, MA 02111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOLIN, CHRISTOPHER 311 ARSENAL STREET WATERTOWN, MA 02472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Richard Foster, Director 200 Park Ave 22nd Fl. New York, NY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HULL, BRANDON 221 NASSAU STREET PRINCETON, NJ 08542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ann LaMont One Gorham Island Westport, CT 06880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING-SHAW, RUBEN 2525 WEST END AVENUE NASHVILLE, TN 37203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ruben King Shaw, Jr. 135 Nathan Lane Carlisle, MA 01741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, BRYAN 2494 SAND HILL ROAD, STE. 200 MENLO PARK, CA 94025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brandon Hull 600 Alexander Park, Suite 204 Princeton, NJ 08540	☐ 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 2/12/07 617-402-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAN

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 758441 5151798

AUTHORIZATION

COST LIMIT : $ 150.00

ORDER DATE : February 13, 2007

ORDER TIME : 9:52 AM

ORDER NO. : 758441-005

CUSTOMER NO: 5151798

ANNUAL REPORT FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 FEB 16 PM 1:07

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: ATHENAHEALTH, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____