

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000797

FILED
Apr 29, 2008
Secretary of State

Entity Name: SAGE SOFTWARE HEALTHCARE, INC.

Current Principal Place of Business:

2202 N WEST SHORE BLVD
SUITE 300
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

56 TECHNOLOGY DRIVE
IRVINE, CA 92618

New Mailing Address:

FEI Number: 59-3396629

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: P () Delete
Name: CORBIN, ANDREW
Address: 2202 N. WESTHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: ECKSTAEDT, JAMES R
Address: 56 TECHNOLOGY DRIVE
City-St-Zip: IRVINE, CA 92618

Title: D () Delete
Name: WALKER, PAUL A
Address: NORTH PARK NEWCASTLE UPON TYNE
City-St-Zip: UK NE13 9AA,

Title: CFO () Delete
Name: WALTERS, JEANNE
Address: 2202 N. WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: HARRISON, PAUL
Address: NORTH PARK NEWCASTLE UPON TYNE
City-St-Zip: UK NE13 9AA, NJ

Title: S () Delete
Name: LIVENGOOD, JANET S
Address: 2202 N WEST SHORE BLVD #300
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: JEANNE, WALTERS
Address: 2202 N. WESTHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: NINA, SMITH
Address: 56 TECHNOLOGY DRIVE
City-St-Zip: IRVINE, CA 92618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANET LIVENGOOD

S

04/29/2008

Electronic Signature of Signing Officer or Director

Date