

F970000000797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

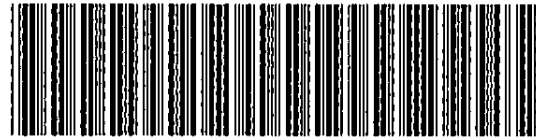
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RA  
Change

RECEIVED  
09 FEB -2 PM 1:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2009 FEB -2 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ASR  
2/3/09



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 870947 7237037

AUTHORIZATION :

COST LIMIT : \$ 35

*[Handwritten signature]*

ORDER DATE : January 26, 2009

ORDER TIME : 11:35 AM

ORDER NO. : 870947-044

CUSTOMER NO: 7237037

CHANGE OF AGENT

NAME: SAGE SOFTWARE HEALTHCARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SAGE SOFTWARE HEALTHCARE, INC.
2. The principal office address: 2202 N West Shore Blvd, Suite 300 Tampa, FL 33607
3. The mailing address (if different): 56 Technology Dr. Irvine, CA 92618
4. Date of incorporation/qualification: 02/13/1997 Document number: F97000000797
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

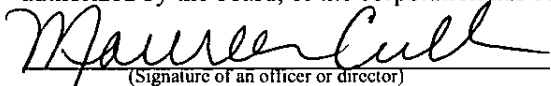
1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

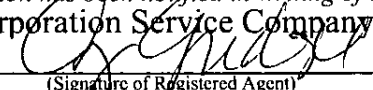
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Maureen Cullen, Attorney in Fact  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company  
By:   
(Signature of Registered Agent)

01/27/2009

(Date)

If signing on behalf of an entity:

Amy Gudgel, Asst. Vice President  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
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TALLAHASSEE, FLORIDA