2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000797

Entity Name: SAGE SOFTWARE HEALTHCARE, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2202 N WEST SHORE BLVD SUITE 300 TAMPA, FL 33607						
Current Mailing Address:			New Mailir	New Mailing Address:		
56 TECHNOLOGY DRIVE IRVINE, CA 92618						
FEI Number: 59-3396629 FEI Number Applied For () FE		FEI Number Not Appli	licable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
Title: Name: Address: City-St-Zip:	JEANNE, WALTE 2202 N. WESTHO TAMPA, FL 3360	DRE BLVD 07	Title: Name: Address: City-St-Zip:	D/P (X) Change () Addition SWENSON, SUE 56 TECHNOLOGY DRIVE IRVINE, CA 92618 US		
Title: Name: Address: City-St-Zip:	D () E NINA, SMITH 56 TECHNOLOG' IRVINE, CA 926		Title: Name: Address: City-St-Zip:	D/T (X) Change () Addition WALTERS, JEANNE 2202 N. WEST SHORE BLVD., SUITE 300 TAMPA, FL 33607 US		
Title: Name: Address: City-St-Zip:	WALKER, PAUL	Delete A EWCASTLE UPON TYNE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WALKER, PAUL A NORTH PARK NEWCASTLE UPON TYNE, UK NE13 9AA UK		
Title: Name: Address: City-St-Zip:	CFO () E WALTERS, JEAN 2202 N. WESTSH TAMPA, FL 3360	INE HORE BLVD	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition TRAN, BRIAN 56 TECHNOLOGY DRIVE IRVINE, CA 92618		
Title: Name: Address: City-St-Zip:	HARRISON, PAU	EWCASTLE UPON TYNE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HARRISON, PAUL NORTH PARK NEWCASTLE UPON TYNE, UK NE13 9AA UK		
Title: Name: Address: City-St-Zip:	LIVENGOOD, JAI	HORE BLVD #300	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: BRIAN TRAN AS 03/19/2009