

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000125

FILED
Apr 14, 2011
Secretary of State

Entity Name: SAGE SOFTWARE HEALTHCARE, LLC

Current Principal Place of Business:

4301 W. BOY SCOUT BLVD., SUITE 800
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4301 W. BOY SCOUT BLVD., SUITE 800
TAMPA, FL 33607

New Mailing Address:

6561 IRVINE CENTER DRIVE
IRVINE, CA 92618

FEI Number: 59-3396629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HOUILLON, PASCAL
Address: 6561 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: MGR
Name: OTTER-NICKERSON, BETTY
Address: 4301 W. BOY SCOUT BLVD., SUITE 800
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: HARRISON, PAUL
Address: 6561 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: MGR
Name: BERRUYER, GUY
Address: 6561 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: AS
Name: TRAN, BRIAN
Address: 6561 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: V
Name: STOCKTON, ROBERT
Address: 6561 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN TRAN

AS

04/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date