

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003746

Entity Name: ATHENAHEALTH, INC.

Current Principal Place of Business:

311 ARSENAL STREET
WATERTOWN, MA 02472

Current Mailing Address:

311 ARSENAL STREET
WATERTOWN, MA 02472 US

FEI Number: 04-3387530

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT, CEO,
DIRECTOR
Name BUSH, JONATHAN
Address 311 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title SENIOR VP, CFO, TREASURER
Name ADAMS, TIMOTHY
Address 311 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title VPS
Name ORENSTEIN, DANIEL
Address 311 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title DIR
Name HULL, BRANDON
Address CARDINAL PARTNERS, 230 NASSAU
STREET
City-State-Zip: PRINCETON NJ 08542

Title DIR
Name KING-SHAW, RUBEN JR
Address 135 NATHAN LANE
City-State-Zip: CARLISLE MA 01741

Title DIR
Name KANE, JOHN
Address 1396 MARBLE ISLAND ROAD #4
City-State-Zip: COLCHESTER VT 05446

Title DIRECTOR
Name ROBINSON, DAVID
Address 506 BURR RIDGE CLUB
City-State-Zip: BURR RIDGE IL 60257

Title DIRECTOR
Name BAKER, CHARLES
Address 49 MONUMENT AVENUE
City-State-Zip: SWAMPSCOTT MA 01907

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I hereby 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 all other like empowered.

SIGNATURE: DANIEL ORENSTEIN

SECRETARY

04/27/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOSECOFF, JACQUELINE
Address 111 WEST OCEAN BLVD., SUITE 1750
City-State-Zip: LONG BEACH CA 90802

Title DIRECTOR
Name WINKENWERDER, WILLIAM JR.
Address 120 FIFTH AVENUE
City-State-Zip: PITTSBURGH PA 15222

Title DIRECTOR
Name MANN, JAMES
Address SUNGARD, 680 SWEDESFORD ROAD
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name ITTYCHERIA, DEV
Address 4 FIRETHORN COURT
City-State-Zip: WARREN NJ 07059