

**2015 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

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC6396382153**

*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  
Name BUSH, JONATHAN  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title CFO, CAO, EXECUTIVE VICE PRESIDENT  
Name MATUS, KIRSTI ANN  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title SENIOR VP, SECRETARY, GENERAL COUNSEL  
Name ORENSTEIN, DANIEL  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR  
Name HULL, BRANDON  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR  
Name ITTYCHERIA, DEV  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR  
Name KANE, JOHN  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR  
Name ROBINSON, DAVID  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR  
Name KOSECOFF, JACQUELINE  
Address 311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

**Continues on page 2**

*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

04/29/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MANN, JAMES  
Address        311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472

Title           DIRECTOR  
Name           ABERNETHY MD, AMY  
Address        311 ARSENAL STREET  
City-State-Zip: WATERTOWN MA 02472