## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003746

Entity Name: ATHENAHEALTH, INC.

**Current Principal Place of Business:** 

ATHENAHEALTH, INC. 80 GUEST STREET BOSTON, MA 02135

**FILED** Apr 11, 2024 **Secretary of State** 7222420819CC

## **Current Mailing Address:**

ATHENAHEALTH, INC. **80 GUEST STREET** BOSTON, MA 02135 US

FEI Number: 04-3387530 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST., SUITE 4 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **OWNER** Title DIRECTOR, PRESIDENT, CEO

ATHENAHEALTH HOLDING CORP. SEGERT, ROBERT E. Name Name

Address ATHENAHEALTH, INC. Address ATHENAHEALTH, INC.

**80 GUEST STREET 80 GUEST STREET** 

BOSTON MA 02135 BOSTON MA 02135 City-State-Zip: City-State-Zip:

Title DIRECTOR, SECRETARY Title ASSISTANT TREASURER

COLLINS, JESSICA H. YOUNG, DAVID C. Name Name

ATHENAHEALTH, INC. ATHENAHEALTH, INC. Address Address

**80 GUEST STREET 80 GUEST STREET** 

City-State-Zip:

BOSTON MA 02135 Title TREASURER/CFO

HOFMANN, JOHN Name

ATHENAHEALTH, INC. Address

**80 GUEST STREET** 

City-State-Zip: BOSTON MA 02135

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: JESSICA H. COLLINS

Electronic Signature of Signing Officer/Director Detail

SECRETARY

BOSTON MA 02135

04/11/2024