


2006 FOR PROFIT CORPORATION ANNUAL REPORT

1082

DOCUMENT # F05000003746 1. Entity Name ATHENAHEALTH, INC.	
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[Handwritten initials]

FILED
06 MAR -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100088956381

Principal Place of Business 311 ARSENAL STREET WATERTOWN, MA 02472	Mailing Address 311 ARSENAL STREET WATERTOWN, MA 02472
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02212006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3387530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD BUSH, JONATHAN S <input type="checkbox"/> Delete	TITLE	Ann Lamont, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1 Gotham Island Westport, CT 06880
NAME	311 ARSENAL STREET	NAME	Director Richard Foster <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Park Ave, 22nd Floor New York, NY 10022
STREET ADDRESS	WATERTOWN, MA 02472	STREET ADDRESS	2523 West End Ave Nashville, TN 37203
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TCFO BYERS, CARL <input type="checkbox"/> Delete	TITLE	
NAME	311 ARSENAL STREET	NAME	
STREET ADDRESS	WATERTOWN, MA 02472	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S NOLIN, CHRISTOPHER <input type="checkbox"/> Delete	TITLE	
NAME	311 ARSENAL STREET	NAME	
STREET ADDRESS	WATERTOWN, MA 02472	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HULL, BRANDON <input type="checkbox"/> Delete	TITLE	
NAME	221 NASSAU STREET	NAME	
STREET ADDRESS	PRINCETON, NJ 08542	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D KING-SHAW, RUBEN <input type="checkbox"/> Delete	TITLE	
NAME	7501 WISCONSIN AVE.	NAME	
STREET ADDRESS	BETHESDA, MD 20814	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ROBERTS, BRYAN <input type="checkbox"/> Delete	TITLE	
NAME	2494 SAND HILL ROAD, STE. 200	NAME	
STREET ADDRESS	MENLO PARK, CA 94025	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Nolin *Christopher Nolin* 2/24/06 617 4021000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

2032

ACCOUNT NO. : 072100000032

REFERENCE : 894122 5151798

AUTHORIZATION :

Spalden

COST LIMIT : \$ 150.00

ORDER DATE : March 1, 2006

ORDER TIME : 10:25 AM

ORDER NO. : 894122-005

CUSTOMER NO: 5151798

ANNUAL REPORT FILING

NAME: ATHENAHEALTH, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____

RECEIVED
06 MAR -2 AM 11:01
DIVISION OF CORPORATION