


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F05000003746</b> 1. Entity Name <b>ATHENAHEALTH, INC.</b>	
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FILED

2007 FEB 16 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business <b>311 ARSENAL STREET WATERTOWN, MA 02472</b>	Mailing Address <b>311 ARSENAL STREET WATERTOWN, MA 02472</b>
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2. Principal Place of Business - No P.O. Box # <i>Same as above</i>	3. Mailing Address <i>Same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02122007 Chg-P CR2E034 (12/06)

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

<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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.

800088519018

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, JONATHAN S	NAME	James Mann
STREET ADDRESS	311 ARSENAL STREET	STREET ADDRESS	680 East Swedesford Rd.
CITY-ST-ZIP	WATERTOWN, MA 02472	CITY-ST-ZIP	Wayne, PA 19087
TITLE	TCFO <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYERS, CARL	NAME	John F. Kenny, Jr.
STREET ADDRESS	311 ARSENAL STREET	STREET ADDRESS	745 Atlantic Ave
CITY-ST-ZIP	WATERTOWN, MA 02472	CITY-ST-ZIP	Boston, MA 02111
TITLE	S <input type="checkbox"/> Delete	TITLE	Richard Gester, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLIN, CHRISTOPHER	NAME	Richard Gester, Director
STREET ADDRESS	311 ARSENAL STREET	STREET ADDRESS	200 Park Ave 22nd Fl.
CITY-ST-ZIP	WATERTOWN, MA 02472	CITY-ST-ZIP	New York, NY
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL, BRANDON	NAME	Am LaMont
STREET ADDRESS	221 NASSAU STREET	STREET ADDRESS	One Gorham Island
CITY-ST-ZIP	PRINCETON, NJ 08542	CITY-ST-ZIP	Westport, CT 06880
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING-SHAW, RUBEN	NAME	Ruben King Shaw, Jr.
STREET ADDRESS	2525 WEST END AVENUE	STREET ADDRESS	135 Nathan Lane
CITY-ST-ZIP	NASHVILLE, TN 37203	CITY-ST-ZIP	Carlisle, MA 01741
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, BRYAN	NAME	Brandon Hull
STREET ADDRESS	2494 SAND HILL ROAD, STE. 200	STREET ADDRESS	600 Alexander Park, Suite 204
CITY-ST-ZIP	MENLO PARK, CA 94025	CITY-ST-ZIP	Princeton, NJ 08540

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* 2/12/07 617-402-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 758441 5151798
AUTHORIZATION : [Signature]
COST LIMIT : \$ 150.00

ORDER DATE : February 13, 2007
ORDER TIME : 9:52 AM
ORDER NO. : 758441-005
CUSTOMER NO: 5151798

ANNUAL REPORT FILING

NAME: ATHENAHEALTH, INC.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 FEB 16 PM 1:07
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: