

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Practice Management Partners Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 11350 McCormick Road, Hunt Valley, MD 21031

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Amanda Ocheltree

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
NextGen Healthcare Information Systems, Inc. 795 Horsham Road, Horsham, PA 19044

**Telephone Number of Designated Agent:** 215-657-7010

**Facsimile Number of Designated Agent:** 267-960-6182

**Email Address of Designated Agent:** legal@nextgen.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_ **Date:** 9/13/11

**Typed or Printed Name and Title:** Bob Ellis, EVP and General Counsel

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
**Copyright I&R/Recordation  
P.O. Box 71537  
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