

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000439

FILED
Jul 05, 2005
Secretary of State

Entity Name: THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Current Principal Place of Business:

75 FRANCIS STREET
BOSTON, MA 02115

New Principal Place of Business:

Current Mailing Address:

C/O PARTNERS FINANCE - TAX MANAGER
P.O. BOX 9658
BOSTON, MA 02114

New Mailing Address:

FEI Number: 04-2312909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GOTTLIEB, GARY L MD MBA
Address: 75 FRANCIS STREET
City-St-Zip: BOSTON, MA 02115

Title: T () Delete
Name: MARKELL, PETER K
Address: 800 BOYSTON ST., STE 1150
City-St-Zip: BOSTON, MA 02199

Title: T () Delete
Name: MARKELL, PETER K
Address: 800 BOYLSTON STREET, SUITE 1150
City-St-Zip: BOSTON, MA 02199

Title: T (X) Delete
Name: DESHAIES, ROGER J
Address: 75 FRANCIS STREET
City-St-Zip: BOSTON, MA 02115

Title: T (X) Delete
Name: BARBIERI, ROBERT L
Address: 75 FRANCIS ST.
City-St-Zip: BOSTON, MA 02115

Title: TR (X) Delete
Name: BEHRAKIS, GEORGE
Address: 75 FRANCIS ST.
City-St-Zip: BOSTON, MA 02115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOTTLIEB, GARY L MD MBA
Address: 75 FRANCIS STREET
City-St-Zip: BOSTON, MA 02115

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: MORIARTY, G. MARSHALL ESQ
Address: 75 FRANCIS STREET
City-St-Zip: BOSTON, MA 02115

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MARKELL

T

07/05/2005

Electronic Signature of Signing Officer or Director

_____ Date