

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000439

FILED
Jan 15, 2010
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 D.LUKEN, PHS-OFF. OF GEN COUN.
50 STANIFORD ST., 10 FLR.
BOSTON, MA 02114

New Mailing Address:

FEI Number: 04-2312909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: P
Name: NABEL, ELIZABETH MD
Address: 15 FRANCIS STREET, PB4-408
City-St-Zip: BOSTON, MA 02115

Title: T
Name: MARKELL, PETER K
Address: 800 BOYLSTON ST., STE. 1150
City-St-Zip: BOSTON, MA 021998001

Title: S
Name: HOLMAN, ALBERT A III
Address: ONE FINANCIAL CENTER, 28TH FLR.
City-St-Zip: BOSTON, MA 02111

Title: AS
Name: STODDARD, JOAN C
Address: PHS-OGC 50 STANIFORD ST., 10TH FLOOR
City-St-Zip: BOSTON, MA 02114

Title: C
Name: MORIARTY, G. MARSHALL ESQ
Address: ONE INTERNATIONAL PLACE
City-St-Zip: BOSTON, MA 021102624

Title: DP
Name: RENEY, MICHAEL
Address: 15 FRANCIS STREET PBB4
City-St-Zip: BOSTON, MA 02115

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOAN C. STODDARD

AS

01/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date