

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002798

FILED
Apr 03, 2012
Secretary of State

Entity Name: PARTNERS HEALTHCARE SYSTEM, INC.

Current Principal Place of Business:

800 BOYLSTON ST, SUITE 1150
BOSTON, MA 02199

New Principal Place of Business:

800 BOYLSTON STREET
BOSTON, MA 02199 US

Current Mailing Address:

800 BOYLSTON ST, SUITE 1150
BOSTON, MA 02199

New Mailing Address:

800 BOYLSTON STREET
BOSTON, MA 02199 US

FEI Number: 04-3230035

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: SEC
Name: GOGGIN, MAUREEN SEC
Address: 800 BOYLSTON STREET
City-St-Zip: BOSTON, MA 02199 US

Title: P
Name: GOTTLIEB, GARY L P
Address: 800 BOYLSTON STREET
City-St-Zip: BOSTON, MA 02199 US

Title: TRES
Name: MARKELL, PETER K TRES
Address: 800 BOYLSTON STREET
City-St-Zip: BOSTON, MA 02199 US

Title: DIR
Name: WOO, BEVERLY DIR
Address: 800 BOYLSTON STREET
City-St-Zip: BOSTON, MA 02199 US

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: LAURA LOUIS

POA

04/03/2012

Electronic Signature of Signing Officer or Director

Date