

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002798

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC4385299612**

**Entity Name:** PARTNERS HEALTHCARE SYSTEM, INC.

**Current Principal Place of Business:**

800 BOYLSTON STREET  
BOSTON, MA 02199

**Current Mailing Address:**

800 BOYLSTON STREET  
BOSTON, MA 02199 US

**FEI Number:** 04-3230035

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name YORK, GWILL  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name TERMEER, HENRI A.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name SPERLING, SCOTT M.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title TREASURER  
Name MARKELL, PETER K.  
Address 800 BOYLSTON STREET  
SUITE 1150  
City-State-Zip: BOSTON MA 02199

Title SECRETARY  
Name GOGGIN, MAUREEN  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title PRESIDENT / DIRECTOR  
Name TORCHIANA, DAVID F. M.D.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name SCHOEN, SCOTT A.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name ROSENBAUM, JERROLD F. M.D.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

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*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: MAUREEN GOGGIN**

**SECRETARY**

**04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MINEHAN, CATHY E.  
Address ARLINGTON ADVISORY PARTNERS, LLC  
128 BEACON ST., UNIT J  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name LAWRENCE, EDWARD P.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name HOLBROOK, RICHARD E.  
Address 43 VINE BROOK ROAD  
City-State-Zip: MEDFIELD MA 02052

Title DIRECTOR  
Name GIFFORD, CHARLES V  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name COWAN, WILLIAM MAURICE  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name MCGOUGH, MAURY E. M.D.  
Address NORTH SHORE HEALTH SYSTEM  
81 HIGHLAND AVENUE, WHEELLOCK 6  
City-State-Zip: SALEM MA 01970

Title DIRECTOR  
Name HOLMAN, ALBERT A. III  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name HOCKFIELD, SUSAN J.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name FINUCANE, ANNE M.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199

Title DIRECTOR  
Name COLLIER, EARL M.  
Address 800 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02199