

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002798

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 PRESIDENT, CEO, DIRECTOR
Name GOTTLIEB, GARY L.
Address 800 BOYLSTON STREET
City-State-Zip: BOSTON MA 02199

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

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

Title DIRECTOR
Name BASGOZ, NESLI
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

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

MAUREEN

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date