

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002798

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC0768410625**

**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            MARKELLPETER K., PETER K.  
Address        800 BOYLSTON STREET  
                 SUITE 1150  
City-State-Zip: BOSTON MA 02199

Title            DIRECTOR  
Name            CONNORS, JACK JR.  
Address        THE CONNORS FAMILY OFFICE  
                 200 CLARENDON STREET 60TH  
                 FLOOR  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name            FINUCANE, ANNE M.  
Address        BANK OF AMERICA  
                 100 FEDERAL STREET MA5-100-32-01  
City-State-Zip: BOSTON MA 02110

*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**

**04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date