#### 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003123

**Entity Name: THE MCLEAN HOSPITAL CORPORATION** 

FILED
Apr 04, 2024
Secretary of State
3954957749CC

### **Current Principal Place of Business:**

115 MILL STREET BELMONT, MA 02478

## **Current Mailing Address:**

115 MILL STREET

BELMONT, MA 02478 US

FEI Number: 04-2697981 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: MICHELE LAMAGNA, ASSISTANT SECRETARY

04/04/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT Title ASSISTANT SECRETARY

NameRAUCH, SCOTT L. M.D.NameLUKEN, DONNA M.Address115 MILL STREETAddress115 MILL STREETCity-State-Zip:BELMONT MA 02478City-State-Zip:BELMONT MA 02478

Title TREASURER Title CHAIR

NameLAGASSE, DAVID A.NameVALLONE, CAROL A.Address115 MILL STREETAddress115 MILL STREETCity-State-Zip:BELMONT MA 02478City-State-Zip:BELMONT MA 02478

Title SECRETARY

Name ABRAMS, JOSHUA L. ESQ.

Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

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: DONNA M. LUKEN ASSIS

Electronic Signature of Signing Officer/Director Detail

ASSISTANT SECRETARY 04/04/2024

Date