

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003123

**Entity Name:** THE MCLEAN HOSPITAL CORPORATION

**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**

**02/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAUCH, SCOTT L. M.D.  
Address        115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title            TREASURER  
Name            LAGASSE, DAVID A.  
Address        115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title            ASSISTANT SECRETARY  
Name            LUKEN, DONNA M.  
Address        115 MILL STREET  
City-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**

**ASSISTANT SECRETARY    02/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date