

2022 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000003123

FILED
Jan 06, 2022
Secretary of State
5190659144CR

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

01/06/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIR
Name VALLONE, CAROL A.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

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 DIRECTOR
Name PORTER, JENNIFER GUCKEL
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name LUCCHINO, STACEY
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 DIRECTOR
Name SNYDER, W. LLOYD III
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name PIERCE, ROBERT W. JR.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

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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: DONNA M. LUKEN

ASSISTANT SECRETARY

01/06/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLEHER, RICHARD M.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name HADLEY, CONSTANCE N.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name LARSON, GLORIA CORDES ESQ.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name PEABODY, LAURA S. ESQ.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name WILLIAMS, MICHELLE A. SC.D.
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

Title DIRECTOR
Name HOLBROOK, RICHARD E.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name MANJI, HUSSEINI K. M.D., F.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name ZEPPOS, NICHOLAS S.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478