

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000598

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC1975769498**

**Entity Name:** BOSTON MEDICAL CENTER CORPORATION

**Current Principal Place of Business:**

ONE BOSTON MEDICAL CENTER PLACE  
BOSTON, MA 02118

**Current Mailing Address:**

ONE BOSTON MEDICAL CENTER PLACE  
BOSTON, MA 02118 US

**FEI Number:** 04-3314093

**Certificate of Status Desired:** Yes

**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	PD
Name	WALSH, KATE
Address	5 UNION PARK STREET
City-State-Zip:	BOSTON MA 02118
Title	T
Name	ORLANDO, CHARLES
Address	18 PARK GROVE LANE
City-State-Zip:	SHREWSBURY MA 01545
Title	D
Name	AMENT, DAVID
Address	37 CIRCUIT RD
City-State-Zip:	CHESTNUT HILL MA 02467
Title	D
Name	BEKENSTEIN, ANITA
Address	52 HIGH ROCK RD
City-State-Zip:	WAYLAND MA 01778

Title	SC
Name	BECK, DAVID
Address	50 MT VERNON ST
City-State-Zip:	BOSTON MA 02108
Title	DC
Name	SAMUELSON, MARTHA
Address	17 WINTHROP STREET
City-State-Zip:	NEWTON MA 02465
Title	D
Name	ANTMAN, KAREN M.D.
Address	14 BRIAR LANE
City-State-Zip:	WESTON MA 02193
Title	D
Name	BLUE, JAMES
Address	233 CONANT RD
City-State-Zip:	WESTWOOD MA 02090

**Continues on page 2**

*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:** DAVID BECK

**CLERK, SENIOR VICE  
PRESIDENT & CHIEF  
LEGAL COUNSEL**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name BOCK, BARRY  
Address 10 KITTREDGE STREET  
City-State-Zip: ROSLINDALE MA 02131

Title D  
Name COTTERELL, SANDRA  
Address 810 PARKER STREET  
City-State-Zip: ROXBURY MA 02120

Title D  
Name CUTLER, RANDI  
Address FOUR SEASONS PLACE  
220 BOYLSTON ST #1418  
City-State-Zip: BOSTON MA 02116

Title D  
Name EGERMAN, PAUL  
Address 77 WESTCLIFF RD  
City-State-Zip: WESTON MA 02493

Title D  
Name FITCH, RUTH ELLEN  
Address 98 LANCASTER TERRACE  
City-State-Zip: BROOKLINE MA 02446

Title D  
Name HAILER, JOHN T  
Address 51 COMMONWEALTH AVE  
UNIT H  
City-State-Zip: BOSTON MA 02116

Title D  
Name KAMES, KAREN  
Address 3 WINTHROP ST  
City-State-Zip: NEWTON MA 02465

Title D  
Name LOPES, MANNY  
Address 26 COPPERMINE RD  
City-State-Zip: TOPSFIELD MA 01983

Title D  
Name PATRICK, TRISHA  
Address 9 WOODMAN RD  
City-State-Zip: NEWTON MA 02467

Title D  
Name PHALEN, JAMES S  
Address 64 SEABURY POINT RD  
City-State-Zip: DUXBURY MA 02332

Title D  
Name COLEMAN, DAVID M.D.  
Address 130 APPLETON STREET  
City-State-Zip: BOSTON MA 02116

Title D  
Name CREMIEUX, PIERRE  
Address 59 WINDSOR RD  
City-State-Zip: BROOKLINE MA 02445

Title D  
Name MAGAURAN, BRENDAN M.D.  
Address 21 SADDLE CLUB ROAD  
City-State-Zip: LEXINGTON MA 02420

Title D  
Name MAYO, JEROD  
Address 1 COACH ROAD  
City-State-Zip: NORTH ATTLEBORO MA 02760

Title D  
Name FOLEY, MELANIE  
Address 4 PADDOCK COURT  
City-State-Zip: WALPOLE MA 02081

Title D  
Name HALPIN, WILLIAM  
Address 51 THURSTON RD  
City-State-Zip: MELROSE MA 02176

Title D  
Name KANJI, AZRA  
Address 223 W SPRINGFIELD ST  
City-State-Zip: BOSTON MA 02118

Title D  
Name MARKS, RICHARD  
Address 198 BABCOCK ST  
City-State-Zip: BROOKLINE MA 02446

Title D  
Name PERLMAN, CLAIRE  
Address 180 SHADY COVE RD  
City-State-Zip: N. KINGSTOWN RI 02852

Title D  
Name SLIFKA, RICHARD  
Address 776 BOYLSTON ST  
UNIT E10E  
City-State-Zip: BOSTON MA 02199

Title D  
Name LUPI, MONICA VALDES

Title D  
Name TSENG, JENNIFER M.D.  
Address 131 BISHOPS GATE ROAD  
City-State-Zip: NEWTON MA 02459

Address C/O ANDY EPSTEIN  
26 TOXTETH ST  
City-State-Zip: BROOKLINE MA 02445

Title D  
Name YOUNISS, ANDREW  
Address 5 CHARLES RIVER CT  
City-State-Zip: WELLESLEY MA 02482