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

DOCUMENT# F17000000598

**Entity Name: BOSTON MEDICAL CENTER CORPORATION** 

FILED
Apr 22, 2024
Secretary of State
6698019097CC

# **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

NEWTON MA 02465

City-State-Zip:

#### Officer/Director Detail:

Title PD Title SC

Name BELL, ALASTAIR Name BECK, DAVID

Address 135 WINTHROP ROAD Address 50 MT VERNON ST

City-State-Zip: BROOKLINE MA 02445 City-State-Zip: BOSTON MA 02108

Title T Title DC

NameNEWSOM, TERRINameSAMUELSON, MARTHAAddressONE BOSTON MEDICAL CENTERAddress17 WINTHROP STREET

PLACE EXECUTIVE OFFICE

City-State-Zip: BOSTON MA 02118 Title D

Title D Name BEKENSTEIN, ANITA

Name ANTMAN, KAREN M.D. Address 52 HIGH ROCK RD

Address 14 BRIAR LANE City-State-Zip: WAYLAND MA 01778

City-State-Zip: WESTON MA 02193 Title D

Title D Name COTTERELL, SANDRA

Name HOLLENBERG, ANTHONY M.D. Address 810 PARKER STREET

Address 152 PINE STREET City-State-Zip: ROXBURY MA 02120

City-State-Zip: AUBURNDALE MA 02466 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 04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title Title D D Name CREMIEUX, PIERRE Name CUTLER, RANDI 59 WINDSOR RD FOUR SEASONS PLACE Address Address 220 BOYLSTON ST #1418 City-State-Zip: **BROOKLINE MA 02445** City-State-Zip: BOSTON MA 02116 Title D Title D Name EGERMAN, PAUL Name FITCH, RUTH ELLEN 77 WESTCLIFF RD Address 98 LANCASTER TERRACE Address WESTON MA 02493 City-State-Zip: City-State-Zip: **BROOKLINE MA 02446** D Title Title D FOLEY, MELANIE Name Name KAMES, KAREN Address 4 PADDOCK COURT Address 3 WINTHROP ST City-State-Zip: WALPOLE MA 02081 City-State-Zip: NEWTON MA 02465 Title D Title Name KANJI, AZRA Name MARKS, RICHARD Address 223 W SPRINGFIELD ST Address 198 BABCOCK ST City-State-Zip: BOSTON MA 02118 City-State-Zip: **BROOKLINE MA 02446** Title Title **DIRECTOR** Name YOUNISS, ANDREW Name COLBERT, ENRIQUE Address 5 CHARLES RIVER CT 30 CHESIRE STREET Address City-State-Zip: WELLESLEY MA 02482 City-State-Zip: JAMAICA PLAIN MA 02130 Title DIRECTOR Title DIRECTOR Name SIERRA, CYNTHIA Name MCCOURTY, DEVIN Address **429 GROVELAND STREET** Address 421 ROUTE 9W City-State-Zip: ABINGTON MA 02351 City-State-Zip: ALPINE NJ 07620 **DIRECTOR** Title Title DIRECTOR Name CHAKAR, NADINE Name CARROLL, RYAN 71 LAGRANGE STREET Address Address 200 CLARENDON ST City-State-Zip: CHESTNUT HILL MA 02111 BOSTON MA 02116 City-State-Zip: **DIRECTOR** Title Title **DIRECTOR** DESAI, MANISHI Name WILMOT, GREGORY Name ONE BOSTON MEDICAL CENTER PLACE 15 CAVATORTA DRIVE Address Address BOSTON MA 02118 City-State-Zip: FRAMINGHAM MA 01701 City-State-Zip: Title **DIRECTOR** Title DIRECTOR Name LOWERY, FRED Name HAILER, JOHN 38 WORCESTER STREET Address 128 BEACON STREET Address UNIT D City-State-Zip: BOSTON MA 02116 City-State-Zip: BOSTON MA 02118

Title **DIRECTOR** Title DIRECTOR Name OJIKUTU, M.D., BISOLA NADOW, MICHELLE Name

1010 MASSACHUSETTS AVENUE Address 1353 DORCHESTER AVENUE Address **6TH FLOOR** 

City-State-Zip:

DORCHESTER MA 02122 City-State-Zip:

BOSTON MA 02118 **DIRECTOR** Title

Title **DIRECTOR** Name BODRICK, WILLIE II TRUSCOTT, WILLIAM F Name

Address 53 ELMONT STREET Address 11 BRADLEE ROAD

City-State-Zip: DORCHESTER MA 02121 City-State-Zip: MARBLEHEAD MA 01945