

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

DOCUMENT# F17000000598

**FILED**  
**May 15, 2023**  
**Secretary of State**  
**0516776507CC**

**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:** 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BELL, ALASTAIR  
Address 135 WINTHROP ROAD  
City-State-Zip: BROOKLINE MA 02445

Title SC  
Name BECK, DAVID  
Address 50 MT VERNON ST  
City-State-Zip: BOSTON MA 02108

Title T  
Name NEWSOM, TERRI  
Address ONE BOSTON MEDICAL CENTER PLACE EXECUTIVE OFFICE  
City-State-Zip: BOSTON MA 02118

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 BEKENSTEIN, ANITA  
Address 52 HIGH ROCK RD  
City-State-Zip: WAYLAND MA 01778

Title D  
Name HOLLENBERG, ANTHONY M.D.  
Address 152 PINE STREET  
City-State-Zip: AUBURNDALE MA 02466

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

**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**

**05/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

Title DIRECTOR  
Name COLBERT, ENRIQUE  
Address 30 CHESHIRE STREET  
City-State-Zip: JAMAICA PLAIN MA 02130

Title DIRECTOR  
Name SIERRA, CYNTHIA  
Address 429 GROVELAND STREET  
City-State-Zip: ABINGTON MA 02351

Title DIRECTOR  
Name CHAKAR, NADINE  
Address 71 LAGRANGE STREET  
City-State-Zip: CHESTNUT HILL MA 02111

Title DIRECTOR  
Name DESAI, MANISHI  
Address ONE BOSTON MEDICAL CENTER PLACE  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name HAILER, JOHN  
Address 128 BEACON STREET  
UNIT D  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name NADOW, MICHELLE

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

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

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

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

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

Title DIRECTOR  
Name WALKER, ELIZABETH A  
Address 60 BURROUGHS STREET  
#34  
City-State-Zip: JAMAICA PLAIN MA 02130

Title DIRECTOR  
Name MCCOURTY, DEVIN  
Address 421 ROUTE 9W  
City-State-Zip: ALPINE NJ 07620

Title DIRECTOR  
Name CARROLL, RYAN  
Address 200 CLARENDON ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name WILMOT, GREGORY  
Address 15 CAVATORTA DRIVE  
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR  
Name LOWERY, FRED  
Address 38 WORCESTER STREET  
#3  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name OJIKUTU, M.D., BISOLA

Address 1353 DORCHESTER AVENUE  
City-State-Zip: DORCHESTER MA 02122

Title DIRECTOR  
Name VELEZ, MAROA  
Address 313 MARLBOROUGH STREET  
City-State-Zip: BOSTON MA 02116

Address 1010 MASSACHUSETTS AVENUE  
6TH FLOOR  
City-State-Zip: BOSTON MA 02118