

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000598

FILED
Feb 26, 2020
Secretary of State
7749257012CC

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

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, SVP, CHIEF
LEGAL COUNSEL**

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR

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 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 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 NIEVES, RITA
Address BOSTON PUBLIC HEALTH
COMMISSION
1010 MASSACHUSETTS AVENUE 6TH
FLOOR
City-State-Zip: BOSTON MA 02118

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

Title DIRECTOR

Name GRAYKEN, EILEEN
Address 90 WHITEHEAD ROAD
City-State-Zip: COHASSET MA 02025

Title DIRECTOR
Name ROWE, SUSANNA
Address 53 PARTRIDGE LANE
City-State-Zip: BELMONT MA 02478

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