

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000598

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

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

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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: DAVID BECK

CLERK

05/04/2021

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 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 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 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 CHESIRE STREET
City-State-Zip: JAMAICA PLAIN MA 02130

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

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

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

Title DIRECTOR
Name MCCOURTY, DEVIN
Address 421 ROUTE 9W

Name

NENTWICH, LAURA MD

City-State-Zip:

ALPINE NJ 07620

Address

ONE BOSTON MEDICAL CENTER PLACE
BMC MEDICAL-DENTAL STAFF

City-State-Zip:

BOSTON MA 02118

Title

DIRECTOR

Name

CHAKAR, NADINE

Address

71 LAGRANGE STREET

City-State-Zip:

CHESTNUT HILL MA 02111