

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004035

Entity Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

Current Principal Place of Business:

789 HOWARD AVE
NEW HAVEN, CT 06519

Current Mailing Address:

789 HOWARD AVENUE
CB230
NEW HAVEN, CT 06519 US

FEI Number: 22-2529464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: APRIL MILLER

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name CRESPO, JOSEPH R
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title TREASURER
Name CALARCO, VINCENT
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title PRESIDENT
Name D'AQUILA, RICHARD
Address 789 HOWARD AVENUE
City-State-Zip: NEW HAVEN CT 06519

Title DIRE
Name SUSSMAN MD, ELLIOT J.
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name SALOVEY, PETER
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name REUBEN, MEREDITH B.
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name POLAK, BENJAMIN
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name KETCHUM, THOMAS B.
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD D'AQUILA

PRESIDENT

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TORGERSON, JAMES P.
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name LENDER, MARVIN K
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name MURPHY, STEPHEN
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name RAUH, B. MICHAEL
Address 365 MONTAUK AVENUE
City-State-Zip: NEW LONDON CT 06320

Title DIRECTOR
Name FALCONI, JOHN
Address 267 GRANT STREET
City-State-Zip: BRIDGEPORT CT 06610

Title DIRECTOR
Name FARRELL, MARY C.
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name HIGHSMITH, CARLTON L.
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name LAHEY, JOHN
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR
Name MARTINEZ, ARTHUR
Address 5 PERRYRIDGE ROAD
ATTN: DEBORAH A. HODYS
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name MILLER, BARBARA
Address 5 PERRYRIDGE ROAD
ATTN: DEBORAH A. HODYS
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name MARSILIUS, NEWMAN
Address 267 GRANT STREET
City-State-Zip: BRIDGEPORT CT 06610