

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004035

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC0706985073**

**Entity Name:** YALE NEW HAVEN HEALTH SERVICES CORPORATION

**Current Principal Place of Business:**

789 HOWARD AVE  
NEW HAVEN, CT 06519

**Current Mailing Address:**

1 CHURCH ST 5TH FLOOR  
NEW HAVEN, CT 06510

**FEI Number:** 22-2529464

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 S PINE ISLAND RD  
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 CHAIRMAN OF THE BOARD  
Name CRESPO, JOSEPH A  
Address 789 HOWARD AVE  
City-State-Zip: NEW HAVEN CT 06519

Title VC  
Name MCNAMARA, JULIA M  
Address 789 HOWARD AVE  
City-State-Zip: NEW HAVEN CT 06519

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

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

Title PRESIDENT, AND CEO  
Name BERGSTROM, MARNA P  
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 KETCHUM, THOMAS B  
Address 789 HOWARD AVE  
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR  
Name LAHEY, JOHN L  
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:** VINCENT CALARCO

**SECRETARY**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MILLER, BARBARA 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 SUSSMAN, ELLIOT J. DR.  
Address 789 HOWARD AVE  
City-State-Zip: NEW HAVEN CT 06519

Title DIRECTOR  
Name MARSILIUS, NEWMAN M. III  
Address 789 HOWARD AVE  
City-State-Zip: NEW HAVEN CT 06519

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