

2016 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:**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 BORGSTROM, 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: MARNA BORGSTROM**PRESIDENT & CEO****03/10/2016**_____
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 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

Title TRUSTEE
Name TOWNSEND, JOHN L III
Address 789 HOWARD AVENUE
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 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 PRESIDENT - YALE UNIVERSITY
Name SALOVEY, PETER
Address 789 HOWARD AVENUE
City-State-Zip: NEW HAVEN CT 06519