### **2017 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F14000004035

Entity Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

FILED
Dec 12, 2017
Secretary of State
CR0472413501

# **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: Yes

## 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 12/12/2017

Electronic Signature of Registered Agent

### Officer/Director Detail:

Title SECRETARY Title VC

NameCRESPO, JOSEPH RNameMCNAMARA, JULIA MAddress789 HOWARD AVEAddress789 HOWARD AVECity-State-Zip:NEW HAVEN CT 06519City-State-Zip:NEW HAVEN CT 06519

Title CHAIRMAN Title CEO

NameCALARCO, VINCENT ANameBORGSTROM, MARNA PAddress789 HOWARD AVEAddress789 HOWARD AVE

City-State-Zip: NEW HAVEN CT 06519 City-State-Zip: NEW HAVEN CT 06519

Title PRESIDENT Title CFO, EXECUTIVE VICE PRESIDENT, TREASURER

 Name
 D'AQUILA, RICHARD
 Name
 TAMMARO, VINCENT

 Address
 789 HOWARD AVENUE
 Address
 789 HOWARD AVENUE

 City-State-Zip:
 NEW HAVEN CT 06519
 City State Zip:
 NEW HAVEN CT 06540

ity-State-Zip: NEW HAVEN CT 06519 City-State-Zip: NEW HAVEN CT 06519

Title SR. VP, GEN. COUNSEL, CHIEF OF Title SR. VP, CHIEF STRATEGY OFFICER

STAFF, ASST. SECRETARY

Name

ASELTYNE, WILLIAM J ESQ.

Address

Address

Address

Address

SR. VP, CHIEF STRATEGY

Name

CAPOZZALO, GAYLE L

Address

789 HOWARD AVENUE

City-State-Zip: NEW HAVEN CT 06519 City-State-Zip: NEW HAVEN CT 06519

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

SIGNATURE: RICHARD D'AQUILA PRESIDENT 12/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title EXEC. VP, COO

Name O'CONNOR, CHRISTOPHER

Address 789 HOWARD AVENUE
City-State-Zip: NEW HAVEN CT 06519

Title EXEC. VP

Name ROTH, NORMAN

Address 789 HOWARD AVENUE
City-State-Zip: NEW HAVEN CT 06519

Title SR. VP, CHIEF HUMAN RESOURCES OFFICER

Name MYATT, KEVIN A

Address 789 HOWARD AVENUE
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Title SR. VP, CHIEF INFORMATION OFFICER

Name STUMP, LISA Address 789 HOWARD AVE

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Title SR. VP

Name PETRINI, VINCENT
Address 789 HOWARD AVE

City-State-Zip: NEW HAVEN CT 06519

Title SR. VP

Name SCAGLIARINI, PAMELA Address 789 HOWARD AVE

City-State-Zip: NEW HAVEN CT 06519

Title SR. VP

Name VARKEY, PRATHIBHA MD

Address 789 HOWARD AVE

City-State-Zip: NEW HAVEN CT 06519

Title VP

Name COLUCCI, EUGENE Address 789 HOWARD AVE

City-State-Zip: NEW HAVEN CT 06519

Title VP

Name MORRIS, JAMES B Address 789 HOWARD AVE

City-State-Zip: NEW HAVEN CT 06519

Title VP

Name SKELLY, JOHN
Address 789 HOWARD AVE

City-State-Zip: NEW HAVEN CT 06519

Title VP

Title EXEC. VP

Name JENNINGS, WILLIAM M Address 789 HOWARD AVENUE City-State-Zip: NEW HAVEN CT 06519

Title EXEC. VP

Name GREEN, PATRICK
Address 789 HOWARD AVENUE
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Title SR. VP, CHIEF MEDICAL OFFICER

Name BALCEZAK, THOMAS J MD
Address 789 HOWARD AVENUE
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Title SR. VP

Name MCCABE, PATRICK
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Title SR. VP

Name NEWMAN, THOMAS M
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Title SR. VP

Name FIORE, DENISE
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Title VP

Name ALLEGRETTO, STEPHEN
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Title VP

Name DIMENSTEIN, MICHAEL
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Title VP

Name SALSGIVER-KOBSA, CAROLYN

Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Title VP

Name TURNER, MELISSA J
Address 789 HOWARD AVE
City-State-Zip: NEW HAVEN CT 06519

Name WURCELL, DAVID
Address 789 HOWARD AVE

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