

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002798

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** PARTNERS HEALTHCARE SYSTEM, INC.

**Current Principal Place of Business:**

800 BOYLSTON ST, SUITE 1150  
BOSTON, MA 02199

**New Principal Place of Business:**

800 BOYLSTON STREET  
BOSTON, MA 02199 US

**Current Mailing Address:**

800 BOYLSTON ST, SUITE 1150  
BOSTON, MA 02199

**New Mailing Address:**

800 BOYLSTON STREET  
BOSTON, MA 02199 US

**FEI Number:** 04-3230035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: GOGGIN, MAUREEN SEC  
Address: 800 BOYLSTON STREET  
City-St-Zip: BOSTON, MA 02199 US

Title: P  
Name: GOTTLIEB, GARY L P  
Address: 800 BOYLSTON STREET  
City-St-Zip: BOSTON, MA 02199 US

Title: TRES  
Name: MARKELL, PETER K TRES  
Address: 800 BOYLSTON STREET  
City-St-Zip: BOSTON, MA 02199 US

Title: DIR  
Name: WOO, BEVERLY DIR  
Address: 800 BOYLSTON STREET  
City-St-Zip: BOSTON, MA 02199 US

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: LAURA LOUIS

POA

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date