2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2016
Secretary of State
CC8981243179

DOCUMENT# F10000002798

Entity Name: PARTNERS HEALTHCARE SYSTEM, INC.

Current Principal Place of Business:

800 BOYLSTON STREET
BOSTON, MA 02199

Current Mailing Address:

800 BOYLSTON STREET
BOSTON, MA 02199 US

FEI Number: 04-3230035

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	PRESIDENT, DIRECTOR
Name	TORCHIANA, DAVID F.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	TREASURER
Name	MARKELL, PETER K.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	FINUCANE, ANNE M.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	HOCKFIELD, SUSAN J.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	SECRETARY
Name	GOGGIN, MAUREEN
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	COLLIER, EARL M.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	GIFFORD, CHARLES K.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	HOLBROOK, RICHARD E.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

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

SIGNATURE: MAUREEN GOGGIN SECRETARY 04/06/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOLMAN, ALBERT A. III
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	MCGOUGH, MAURY E.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	ROSENBAUM, JERROLD F.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	SPERLING, SCOTT M.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	TERRELL, DOROTHY A.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	YORK, GWILL
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	LAWRENCE, EDWARD P.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	MINEHAN, CATHY E.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	SCHOEN, SCOTT A.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	TERMEER, HENRI A.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199

Title	DIRECTOR
Name	TISHLER, LORI W.
Address	800 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02199