

**2026 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000598

**FILED**  
**Apr 13, 2026**  
**Secretary of State**  
**9695600292CC**

**Entity Name:** BOSTON MEDICAL CENTER CORPORATION

**Current Principal Place of Business:**

ONE BOSTON MEDICAL CENTER PLACE  
BOSTON, MA 02118

**Current Mailing Address:**

ONE BOSTON MEDICAL CENTER PLACE  
BOSTON, MA 02118 US

**FEI Number:** 04-3314093

**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 DIRECTOR  
Name BELL, ALASTAIR  
Address 135 WINTHROP ROAD  
City-State-Zip: BROOKLINE MA 02445

Title SC  
Name BECK, DAVID  
Address 50 MT VERNON ST  
City-State-Zip: BOSTON MA 02108

Title T  
Name AGRAWAL, ANKUR  
Address ONE BOSTON MEDICAL CENTER PLACE  
EXECUTIVE OFFICE  
City-State-Zip: BOSTON MA 02118

Title D  
Name HOLLENBERG, ANTHONY M.D.  
Address 152 PINE STREET  
City-State-Zip: AUBURNDALE MA 02466

Title D  
Name COZZENS, TODD  
Address 699 BOYLSTON STREET  
City-State-Zip: BOSTON MA 02116

Title D  
Name EGERMAN, PAUL  
Address 77 WESTCLIFF RD  
City-State-Zip: WESTON MA 02493

Title D  
Name FARBER, ALIK  
Address 82 SHADY HILL ROAD  
City-State-Zip: WESTON MA 02493

Title D  
Name FISH, GUY  
Address 26 SHEA ROAD  
City-State-Zip: CAMBRIDGE MA 02140

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

**SIGNATURE:** DAVID BECK

**CLERK**

**04/13/2026**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name MARKS, RICHARD  
Address 198 BABCOCK ST  
City-State-Zip: BROOKLINE MA 02446

Title DIRECTOR  
Name COLBERT, ENRIQUE  
Address 30 CHESIRE STREET  
City-State-Zip: JAMAICA PLAIN MA 02130

Title DIRECTOR  
Name MCCOURTY, DEVIN  
Address 421 ROUTE 9W  
City-State-Zip: ALPINE NJ 07620

Title DIRECTOR  
Name SMITH, PATRICK  
Address 63 KENSINGTON CIRCLE  
City-State-Zip: CHESTNUT HILL MA 02467

Title DIRECTOR  
Name NADOW, MICHELLE  
Address 1353 DORCHESTER AVENUE  
City-State-Zip: DORCHESTER MA 02122

Title DIRECTOR  
Name BODRICK, WILLIE II  
Address 53 ELMONT STREET  
City-State-Zip: DORCHESTER MA 02121

Title DIRECTOR  
Name RICHMOND, RUSS  
Address ONE BOSTON MEDICAL CENTER PLACE  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name JACKSON, ANGELA  
Address ONE BOSTON MEDICAL CENTER PLACE  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name TURAY, MODDIE  
Address 21 CUSTOM HOUSE STREET  
8TH FL  
City-State-Zip: BOSTON MA 02110

Title D  
Name YOUNISS, ANDREW  
Address 5 CHARLES RIVER CT  
City-State-Zip: WELLESLEY MA 02482

Title DIRECTOR  
Name SIERRA, CYNTHIA  
Address 429 GROVELAND STREET  
City-State-Zip: ABINGTON MA 02351

Title DIRECTOR  
Name CHAKAR, NADINE  
Address 71 LAGRANGE STREET  
City-State-Zip: CHESTNUT HILL MA 02111

Title DIRECTOR  
Name LOWERY, FRED  
Address 38 WORCESTER STREET  
#3  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name OJIKUTU, M.D., BISOLA  
Address 1010 MASSACHUSETTS AVENUE  
6TH FLOOR  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name TRUSCOTT, WILLIAM F  
Address 11 BRADLEE ROAD  
City-State-Zip: MARBLEHEAD MA 01945

Title PRESIDENT  
Name HOLLENBERG, ANTHONY  
Address ONE BOSTON MEDICAL CENTER  
PLACE  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name JACKSON, VICKI  
Address ONE BOSTON MEDICAL CENTER  
PLACE  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name BOYD, MARY  
Address 12 BREWER BEACH ROAD  
City-State-Zip: HINGHAM MA 02043