

**2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000598

**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	PD
Name	BELL, ALASTAIR
Address	135 WINTHROP ROAD
City-State-Zip:	BROOKLINE MA 02445
Title	T
Name	AGRAWAL, ANKUR
Address	ONE BOSTON MEDICAL CENTER PLACE EXECUTIVE OFFICE
City-State-Zip:	BOSTON MA 02118
Title	D
Name	ANTMAN, KAREN M.D.
Address	14 BRIAR LANE
City-State-Zip:	WESTON MA 02193
Title	D
Name	HOLLENBERG, ANTHONY M.D.
Address	152 PINE STREET
City-State-Zip:	AUBURNDALE MA 02466

Title	SC
Name	BECK, DAVID
Address	50 MT VERNON ST
City-State-Zip:	BOSTON MA 02108
Title	DC
Name	SAMUELSON, MARTHA
Address	17 WINTHROP STREET
City-State-Zip:	NEWTON MA 02465
Title	D
Name	BEKENSTEIN, ANITA
Address	52 HIGH ROCK RD
City-State-Zip:	WAYLAND MA 01778
Title	D
Name	COZZENS, TODD
Address	699 BOYLSTON STREET
City-State-Zip:	BOSTON MA 02116

**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

**SECRETARY**

**04/08/2025**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name CREMIEUX, PIERRE  
Address 59 WINDSOR RD  
City-State-Zip: BROOKLINE MA 02445

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

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

Title D  
Name KANJI, AZRA  
Address 223 W SPRINGFIELD ST  
City-State-Zip: BOSTON MA 02118

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 DESAI, MANISHI  
Address ONE BOSTON MEDICAL CENTER PLACE  
City-State-Zip: BOSTON MA 02118

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

Title D  
Name CUTLER, RANDI  
Address FOUR SEASONS PLACE  
220 BOYLSTON ST #1418  
City-State-Zip: BOSTON MA 02116

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

Title D  
Name KAMES, KAREN  
Address 3 WINTHROP ST  
City-State-Zip: NEWTON MA 02465

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 CARROLL, RYAN  
Address 200 CLARENDON ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name WILMOT, GREGORY  
Address 15 CAVATORTA DRIVE  
City-State-Zip: FRAMINGHAM MA 01701

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 53 ELMONT STREET  
City-State-Zip: DORCHESTER MA 02121

Address 11 BRADLEE ROAD  
City-State-Zip: MARBLEHEAD MA 01945