

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001773

**Entity Name:** STEWARD HEALTH CARE NETWORK, INC.**Current Principal Place of Business:**111 HUNTINGTON AVE, SUITE 1800  
BOSTON, MA 02199**Current Mailing Address:**111 HUNTINGTON AVE, SUITE 1800  
BOSTON, MA 02199 US**FEI Number: 27-3075212****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 D  
Name SHETTY, SANJAY M.D.  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title PD  
Name GIRARD, MARK M.D.  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title T  
Name DOYLE, JOHN  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title D  
Name DONLAN, JOHN  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title D  
Name WEINSTEIN, JOSEPH M.D.  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title S  
Name MAHER, JOSEPH C JR  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title D  
Name DE LA TORRE, RALPH  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title D  
Name POLANOWICZ, JOHN  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

**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: JOSEPH C. MAHER, JR.****SECRETARY****04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name BROWN, DANIEL M.D.  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199

Title ASST. SECRETARY  
Name HIBBLE, NATHALIE  
Address 111 HUNTINGTON AVE, SUITE 1800  
City-State-Zip: BOSTON MA 02199