

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90001 029 ****61.25

13001366



01092004 Chg-NP CR2E037 (10/03)

DOCUMENT # F0300000439					
1. Entity Name THE BRIGHAM AND WOMEN'S HOSPITAL, INC.					
Principal Place of Business 75 FRANCIS STREET BOSTON, MA 02115			Mailing Address C/O PARTNERS FINANCE - TAX MANAGER P.O. BOX 9658 BOSTON, MA 02114		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-2312909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOTTLIEB, GARY L MD MBA		NAME		
STREET ADDRESS	75 FRANCIS STREET		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02115		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN VRANKEN, MATTHEW		NAME		
STREET ADDRESS	75 FRANCIS STREET		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02115		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARKELL, PETER K		NAME		
STREET ADDRESS	800 BOYLSTON STREET, SUITE 1150		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02199		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESHAIES, ROGER J		NAME		
STREET ADDRESS	75 FRANCIS STREET		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02115		CITY-ST-ZIP		
TITLE	See attached Officer and Trustee List	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Roger Deshaies</u>		Date: <u>1/23/04</u>		Daytime Phone #: <u>617-732-7899</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

Attachment
F 03 000000439
44007322

The Brigham and Women's Hospital, Inc.
FEIN: 04-2312909
Officer List

<u>Name</u>	<u>Title</u>	<u>Address</u>
Gary L. Gottlieb, M.D., M.B.A.	President	75 Francis Street, Boston, MA 02115
Peter K. Markell	Treasurer	800 Boylston Street, Suite 1150, Boston, MA 02199
Joan C. Stoddard, Esq.	Clerk	50 Staniford Street, Suite 1000, Boston, MA 02114
Roger J. Deshaies	Deputy Treasurer	75 Francis Street, Boston, MA 02115

The Brigham and Women's Hospital, Inc.
FEIN: 04-2312909
Trustee List

<u>Name</u>	<u>Title</u>	<u>Address</u>
Robert L. Barbieri, M.D.	Trustee	75 Francis Street, Boston, MA 02115
George Behrakis	Trustee	75 Francis Street, Boston, MA 02115
Michael A. Bell	Trustee	75 Francis Street, Boston, MA 02115
Lawrence H. Cohn, M.D.	Trustee	75 Francis Street, Boston, MA 02115
David D'Alessandro	Trustee	75 Francis Street, Boston, MA 02115
Victor J. Dzau, M.D.	Trustee	75 Francis Street, Boston, MA 02115
Gretchen S. Fish	Trustee	75 Francis Street, Boston, MA 02115
Gary L. Gottlieb, M.D., M.B.A.	Trustee	75 Francis Street, Boston, MA 02115
Albert A. Holman, III	Trustee	75 Francis Street, Boston, MA 02115
Howard J. Kessler	Trustee	75 Francis Street, Boston, MA 02115
Wendell J. Knox	Trustee	75 Francis Street, Boston, MA 02115
Jay O. Light	Trustee	75 Francis Street, Boston, MA 02115
Beth Martignetti	Trustee	75 Francis Street, Boston, MA 02115
G. Marshall Moriarty, Esq.	Chairman	75 Francis Street, Boston, MA 02115
Terrence Murray	Trustee	75 Francis Street, Boston, MA 02115
Jacqueline A. O'Neill	Trustee	75 Francis Street, Boston, MA 02115
Francene Sussner Rodgers	Trustee	75 Francis Street, Boston, MA 02115
Thomas F. Ryan, Jr.	Trustee	75 Francis Street, Boston, MA 02115
Gerald Schuster	Trustee	75 Francis Street, Boston, MA 02115
Micho F. Spring	Trustee	75 Francis Street, Boston, MA 02115
Neil W. Wallace	Trustee	75 Francis Street, Boston, MA 02115
Michael J. Zinner, M.D.	Trustee	75 Francis Street, Boston, MA 02115