2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000439

FILED Jul 05, 2005 Secretary of State

Entity Name: THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Current Principal Place of Business: New Principal Place of Business: 75 FRANCIS STREET BOSTON, MA 02115 **Current Mailing Address: New Mailing Address:** C/O PARTNERS FINANCE - TAX MANAGER P.O. BOX 9658 BOSTON, MA 02114 FEI Number: 04-2312909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GOTTLIEB, GARY L MD MBA GOTTLIEB, GARY L MD MBA Name: Name: 75 FRANCIS STREET Address: 75 FRANCIS STREET Address: City-St-Zip: BOSTON, MA 02115 City-St-Zip: BOSTON, MA 02115 Title: () Delete Title: () Change () Addition Name: MARKELL, PETER K Name: Address: 800 BOYSTON ST., STE 1150 Address: City-St-Zip: BOSTON, MA 02199 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARKELL, PETER K MORIARTY, G. MARSHALL ESQ Name: Name: 800 BOYLSTON STREET, SUITE 1150 75 FRANCIS STREET Address: Address: City-St-Zip: BOSTON, MA 02199 City-St-Zip: BOSTON, MA 02115 Title: (X) Delete Title: () Change () Addition DESHAIES, ROGER J Name: Name: 75 FRANCIS STREET Address: Address: City-St-Zip: BOSTON, MA 02115 City-St-Zip: Title: (X) Delete Title: () Change () Addition BARBIERI, ROBERT L Name: Name: 75 FRANCIS ST. Address: Address: City-St-Zip: BOSTON, MA 02115 City-St-Zip: Title: (X) Delete Title: () Change () Addition BEHRAKIS, GEORGE Name: Name: Address: 75 FRANCIS ST. Address: BOSTON, MA 02115 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PETER MARKELL T 07/05/2005