


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90030 036 ****61.25

DOCUMENT # F03000000439
 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
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DO NOT WRITE IN THIS SPACE

40012415



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 04-2312909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOTTLIEB, GARY L MD MBA 75 FRANCIS STREET BOSTON, MA 02115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARKELL, PETER K 800 BOYSTON ST., STE 1150 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MORIARTY, G. MARSHALL ESQ 75 FRANCIS STREET BOSTON, MA 02115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Roger Deshaies Roger J. Deshaies 617-724-9841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #