

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000439

FILED  
Jan 15, 2010  
Secretary of State

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

**Current Principal Place of Business:**

75 FRANCIS STREET  
BOSTON, MA 02115

**New Principal Place of Business:**

**Current Mailing Address:**

C/O D.LUKEN, PHS-OFF. OF GEN COUN.  
50 STANIFORD ST., 10 FLR.  
BOSTON, MA 02114

**New Mailing Address:**

**FEI Number:** 04-2312909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: NABEL, ELIZABETH MD  
Address: 15 FRANCIS STREET, PB4-408  
City-St-Zip: BOSTON, MA 02115

Title: T  
Name: MARKELL, PETER K  
Address: 800 BOYLSTON ST., STE. 1150  
City-St-Zip: BOSTON, MA 021998001

Title: S  
Name: HOLMAN, ALBERT A III  
Address: ONE FINANCIAL CENTER, 28TH FLR.  
City-St-Zip: BOSTON, MA 02111

Title: AS  
Name: STODDARD, JOAN C  
Address: PHS-OGC 50 STANIFORD ST., 10TH FLOOR  
City-St-Zip: BOSTON, MA 02114

Title: C  
Name: MORIARTY, G. MARSHALL ESQ  
Address: ONE INTERNATIONAL PLACE  
City-St-Zip: BOSTON, MA 021102624

Title: DP  
Name: RENEY, MICHAEL  
Address: 15 FRANCIS STREET PBB4  
City-St-Zip: BOSTON, MA 02115

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: JOAN C. STODDARD

AS

01/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date