

1.) CORPORATION NAME:

**The General Hospital Corporation**

DUE DATE: **8/31/2011**

SCC ID NO: **F1834268**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 55 FRUIT ST

CITY/ST/ZIP: BOSTON, MA 02114-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PETER L SLAVIN  
TITLE: PRESIDENT  
ADDRESS: 55 FRUIT ST  
CITY/ST/ZIP/CO: BOSTON, MA 02114-

OFFICER

DIRECTOR

NAME: CATHY E MINEHAN  
TITLE: chair  
ADDRESS: 55 FRUIT ST  
CITY/ST/ZIP/CO: BOSTON, MA 02114-

OFFICER

DIRECTOR

NAME: PETER K MARKELL  
TITLE: TREASURER  
ADDRESS: 55 FRUIT ST  
CITY/ST/ZIP/CO: BOSTON, MA 02114-

OFFICER

DIRECTOR

NAME: JOHN R HINGHAM  
TITLE: SECRETARY  
ADDRESS: 55 FRUIT ST  
CITY/ST/ZIP/CO: BOSTON, MA 02114-

OFFICER

DIRECTOR

NAME: JOAN C. STODDARD  
TITLE: ASST SECRETARY  
ADDRESS: 55 FRUIT ST  
CITY/ST/ZIP/CO: BOSTON, MA 02114-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOAN C. STODDARD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOAN C. STODDARD, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/19/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.