

1.) CORPORATION NAME:

**The MGH Institute of Health Professions, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1856105**

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:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: CHARLESTOWN NAVY YARD  
36 FIRST AVE

CITY/ST/ZIP: Boston, MA 02129

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: Janis P Bellack TITLE: PRESIDENT ADDRESS: CHARLESTOWN NAVY YARD 36 FIRST AVE CITY/ST/ZIP/CO: Boston, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Judi S Greenberg Esq. TITLE: SECRETARY ADDRESS: CHARLESTOWN NAVY YARD 36 FIRST AVE CITY/ST/ZIP/CO: Boston, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Cindy L Aiena TITLE: TREASURER ADDRESS: CHARLESTOWN NAVY YARD 36 FIRST AVE CITY/ST/ZIP/CO: Boston, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Elizabeth D Camelo TITLE: ASST SECRETARY ADDRESS: CHARLESTOWN NAVY YARD 36 FIRST AVE CITY/ST/ZIP/CO: Boston, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Atlas D Evans TITLE: ASST TREASURER ADDRESS: CHARLESTOWN NAVY YARD 36 FIRST AVE CITY/ST/ZIP/CO: Boston, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	Vacant Vacant	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CHARLESTOWN NAVY YARD		
CITY/ST/ZIP/CO:	36 FIRST AVE Boston, MA 02129		

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.

/s/ Janis PBellack	Janis PBellack,	4/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.