

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213516386

1.) CORPORATION NAME:

The MGH Institute of Health Professions, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:

MA

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

NAME:	CINDY L AIENA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Massachusetts General Hospital 55 Fruit Street - BUL 380		
CITY/ST/ZIP/CO:	BOSTON, MA 02114		

NAME:	ATLAS D EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	CHARLESTOWN NAVY YARD 36 FIRST AVE		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	ELIZABETH D CAMELO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	CHARLESTOWN NAVY YARD 36 FIRST AVE		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	JUDI S GREENBERG ESQ.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	Office of General Counsel Partners HealthCare 50 Staniford Street 10th floor		
CITY/ST/ZIP/CO:	BOSTON, MA 02114		

NAME:	Janis P Bellack	<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		

NAME:	Donna Luken	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Officer		
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/ Donna Luken	Donna Luken, Officer	4/2/2013
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.