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**Interim Designation of Agent to Receive Notification  
Of Claimed Infringement**

**Full Legal Name of Service Provider:** North End Community Health Committee,  
Incorporated

*An integrated*

*health care system*

*founded by*

*Brigham and*

*Women's Hospital*

*and*

*Massachusetts*

*General Hospital*

**Alternative Name(s) of Service Provider (including all names under which the  
service provider is doing business):** N/A

**Address of Service Provider:** 332 Hanover Street, Boston, MA 02113

**Name of Agent Designated to Receive Notification of Claimed Infringement:**  
Robert Pappagianopoulos, Corporate Director, Technical Services and Operations

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. box or  
similar designation is not acceptable except where it is the only address that can be used in the  
geographic location):**

Partners Healthcare System, Inc., One Constitution Center, Information Systems,  
2<sup>nd</sup> floor, Charlestown, MA 02129

**Telephone Number of Designated Agent:** (617) 726-5450

**Facsimile Number of Designated Agent:** (617) 726-5606

**Email Address of Designated Agent:** dmca-agent@Partners.org

**Signature of Officer or Representative of the Designating Service Provider:**

\_\_\_\_\_ **Date:** 12/5/03

**Typed or Printed Name and Title:**

John P. Glaser, V.P/ Chief Information Officer, Partners Healthcare System, Inc.

**Note: This Interim Designation Must be accompanied by a \$30.00 Filing Fee Made  
Payable to the Register of Copyrights.**

Information Systems