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

Full Legal Name of Service Provider: The North Shore Health System, Inc.

*An integrated
health care system
founded by*

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

*Brigham and
Women's Hospital*

Address of Service Provider: 81 Highland Avenue, Salem, MA 01970

*and
Massachusetts
General Hospital*

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,
2nd 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