

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

Full Legal Name of Service Provider: CareGroup Healthcare System

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):  
Beth Israel Deaconess Medical Center  
Mount Auburn Hospital  
Provider Service Network New England Baptist Hospital

Address of Service Provider: 1135 Tremont Street 6th Floor Boston, MA 02120

Name of Agent Designated to Receive Notification of Claimed Infringement: Margo Coletti

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):

Beth Israel Deaconess Medical Center Baker-101  
330 Brookline Ave. Boston, MA 02215

Telephone Number of Designated Agent: (617) 632-8483

Facsimile Number of Designated Agent: (617) 632-8316

Email Address of Designated Agent: mcoletti@bidmc.harvard.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: CareGroup Healthcare System (September 15, 2000)

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_ Date: 6/24/03

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Typed or Printed Name and Title: Margo Coletti  
Medical Library Services Director

**Note: This Amended Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**



**RECEIVED**

JUN 27 2003

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