


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001174
 1. Entity Name
MIDDLESEX HOSPITAL, INC.



Principal Place of Business
**28 CRESCENT STREET
 MIDDLETOWN, CT 06457-3650**

Mailing Address
**28 CRESCENT STREET
 MIDDLETOWN, CT 06457-3650**



01182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
06-0646718 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2006**

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100001394880
 1/24/06-80030-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIELY, ROBERT G 28 CRESCENT STREET MIDDLETOWN, CT 06457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAGGISH, DAVID A MD 28 CRESCENT STREET MIDDLETOWN, CT 06457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPECE, VINCENT G JR 28 CRESCENT STREET MIDDLETOWN, CT 06457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDOWELL, ARTHUR V III MD 520 SAYBROOK ROAD, SUITE 100 MIDDLETOWN, CT 06457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'OENCH, NANCY M 113 MIDDLE HADDAM ROAD PORTLAND, CT 06480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTON, THOMAS C MAIL STOP S131B, 6900 MAIN ST. PO BOX 9729 STRATFORD, CT 068159129

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date]
 Date

Daytime Phone #