

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)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000001399880
02/01/06-80030-022 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**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CHAIRMAN OR DIRECTOR

Date

Daytime Phone #