

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 012 ****61.25

60003015



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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 06-0646718		
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIELY, ROBERT G 28 CRESCENT STREET MIDDLETOWN, CT 06457 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAGGISH, DAVID A MD 28 CRESCENT STREET MIDDLETOWN, CT 06457 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPECE, VINCENT G JR 28 CRESCENT STREET MIDDLETOWN, CT 06457 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDOWELL, ARTHUR V III MD 520 SAYBROOK ROAD, SUITE 100 MIDDLETOWN, CT 06457 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'OENCH, NANCY M 113 MIDDLE HADDAM ROAD PORTLAND, CT 06480 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTON, THOMAS C MAIL STOP S131B, 6900 MAIN ST. PO BOX 9729 STRATFORD, CT 066159129 <input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTON, THOMAS C 400 MAIN STREET M/S 131-07 EAST HARTFORD, CT 06108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 officer or bona fide employee of the corporation; that I have signed 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 and address of other like empowered.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
Date: 1-12-07 Daytime Phone #: 860-344-6200						