


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 013 ****61.25

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number 06-0646718	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
		FL Zip Code	

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 _____	(NOTE: Registered Agent signature required when reconstituting)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUTTON, THOMAS C			NAME	Robert Kicly		
STREET ADDRESS	400 MAIN STREET M/S 131-07			STREET ADDRESS	28 Crescent St.		
CITY-ST-ZIP	EAST HARTFORD, CT 06108			CITY-ST-ZIP	Middletown, CT 06457		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAGGISH, DAVID A MD			NAME			
STREET ADDRESS	28 CRESCENT STREET			STREET ADDRESS			
CITY-ST-ZIP	MIDDLETOWN, CT 06457			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPECE, VINCENT G JR			NAME			
STREET ADDRESS	28 CRESCENT STREET			STREET ADDRESS			
CITY-ST-ZIP	MIDDLETOWN, CT 06457			CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	C. R. Christopher Seaton	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCDOWELL, ARTHUR V III MD			NAME	400 Morgan Lane		
STREET ADDRESS	520 SAYBROOK ROAD, SUITE 100			STREET ADDRESS	West Haven, CT 06516		
CITY-ST-ZIP	MIDDLETOWN, CT 06457			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D'OENCH, NANCY M			NAME			
STREET ADDRESS	113 MIDDLE HADDAM ROAD			STREET ADDRESS			
CITY-ST-ZIP	PORTLAND, CT 06480			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTTON, THOMAS C			NAME	24 olde yankee way		
STREET ADDRESS	MAIL STOP S131B, 6900 MAIN ST. PO BOX 9729			STREET ADDRESS	Durham, CT 06422		
CITY-ST-ZIP	STRATFORD, CT 066159129			CITY-ST-ZIP			

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: 	1/23/08	860-344-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #