

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086472

FILED
Apr 01, 2009
Secretary of State

Entity Name: HAWTHORNE MEDICAL CENTER, INC.

Current Principal Place of Business:

21815 SOUTHEAST 71ST AVENUE
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

21815 SOUTHEAST 71ST AVENUE
HAWTHORNE, FL 32640 US

New Mailing Address:

2090 CARPENTER PIKE
VERSAILLES, KY 40383 US

FEI Number: 59-3537283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCULLOUGH, PATRICIA
21815 SOUTHEAST 71ST AVE.
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLASANTE, ONA M.D.
Address: 21115 S.E. 179TH PLACE
City-St-Zip: LOCHLOOSA, FL 32662

Title: T () Delete
Name: LAWLEY, MIKE
Address: 1735 W. HIBISCUS BLVD. STE 200
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCULLOUGH, PATRICIA
Address: 21815 SOUTHEAST 71ST AVE
City-St-Zip: HAWTHORNE, FL 32640 US

Title: S (X) Change () Addition
Name: HENSBY, PATRICIA
Address: 3534 SPLIT RAIL LANE
City-St-Zip: ELLICOTT CITY, MD 21042 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MCCULLOUGH

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date