

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086472

FILED  
Feb 19, 2010  
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:**

2090 CARPENTER PIKE  
VERSAILLES, KY 40383 US

**New Mailing Address:**

**FEI Number:** 59-3537283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** P  
**Name:** MCCULLOUGH, PATRICIA  
**Address:** 21815 SOUTHEAST 71ST AVE  
**City-St-Zip:** HAWTHORNE, FL 32640 US

**Title:** S  
**Name:** HENSBY, PATRICIA  
**Address:** 3534 SPLIT RAIL LANE  
**City-St-Zip:** ELLICOTT CITY, MD 21042 US

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA MCCULLOUGH

MGR

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date