

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **539248** (5)

1. Corporation Name
NATIVITY MEDICAL CENTER INC.



Principal Place of Business: 3901 S.R. 60 VALRICO FL 33594
Mailing Address: 3901 S.R. 60 VALRICO FL 33594

3. Date Incorporated or Qualified: 07/13/1977
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business: 21 2931 S.R. 60 E. Suite, Apt. #, etc.
22 City & State: VALRICO, FLORIDA
23 Zip: 33594 Country: Hillsborough
24
25
26 2931 S.R. 60 E. Suite, Apt. #, etc.
27 City & State: VALRICO, FLORIDA
28 Zip: 33594 Country: Hillsborough
29
30

4. FEI Number: 59-1751386
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CASTRO, CELSA T.
2931 S.R. 60
VALRICO FL 33594

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2931 S. R. 60 East
83
84 City: Valrico FL 85 Zip Code: 33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ Signature of Registered Agent required when new listing

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTRO, FLORANTE F.	
STREET ADDRESS	3901 S.R. 60	
CITY - ST - ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTRO, FLORIZEL F.	
STREET ADDRESS	1450 BROOKLANE DR.	
CITY - ST - ZIP	KEWASKUM, WS	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CASTRO, CELSA T.	
STREET ADDRESS	3901 S.R. 60	
CITY - ST - ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2931 S. R. 60 E.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2931 S. R. 60 E.
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Celsa T. Castro Celsa T. Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 (813) 689-0904
Date Daytime Phone #

CR2E034 (12/95)