


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90030 043 ***150.00

DOCUMENT # 539248
 1. Entity Name
NATIVITY MEDICAL CENTER INC.



Principal Place of Business Mailing Address
 2931 SR 60 E 2931 SR 60 E
 VALRICO FL 33594 VALRICO FL 33594
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
59-1751386 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CASTRO, CELSA T.
 2931 SR 60 E
 VALRICO FL 33594

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, FLORANTE F.	
STREET ADDRESS	2931 SR 60 E	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, FLORIZEL F.	
STREET ADDRESS	1450 BROOKLANE DR.	
CITY-ST-ZIP	KEWASKUM, WS	
TITLE	STD PRESIDENT	<input type="checkbox"/> Delete
NAME	CASTRO, CELSA T.	
STREET ADDRESS	2931 SR 60 E	
CITY-ST-ZIP	VALRICO FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CAROLYN CASTRO BALZER	
STREET ADDRESS	4441 KING EDWARD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	LUIS P. CASTRO	
STREET ADDRESS	2931 S.R. 60 EAST	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Celsa T. Castro Celsa T. Castro 3-29-06 (813) 689-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #