

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

2931 SR 60 E
VALRICO FL 33594
US

Mailing Address

2931 SR 60 E
VALRICO FL 33594
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1751386

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME CASTRO, FLORANTE F.
STREET ADDRESS 2931 SR 60 E
CITY-ST-ZIP VALRICO FL

TITLE D ☒ Delete
NAME CASTRO, FLORIZEL F.
STREET ADDRESS 1450 BROOKLANE DR.
CITY-ST-ZIP KEWASKUM, WS

TITLE ☐ Delete
NAME STD PRESIDENT
STREET ADDRESS CASTRO, CELSA T.
CITY-ST-ZIP 2931 SR 60 E
VALRICO FL

TITLE D ☐ Delete
NAME CAROLYN CASTRO BALZER
STREET ADDRESS 4441 KING EDWARD DRIVE
CITY-ST-ZIP ORLANDO, FL 32826

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS LUIS P. CASTRO
CITY-ST-ZIP 2931 S.R. 60 EAST
VALRICO, FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06 (813) 689-0904

Date

Daytime Phone #