


--2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 A
Secretary of State

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**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1751386 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 _____ (NOTE Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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 | <input type="checkbox"/> Delete |
| NAME | CASTRO-BALZER, CAROLYN | |
| STREET ADDRESS | 4441 KING EDWARD DR | |
| CITY-ST-ZIP | ORLANDO FL 32826 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CASTRO, LUIS P | |
| STREET ADDRESS | 2932 S.R. 60 E | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | STDP | <input type="checkbox"/> Delete |
| NAME | CASTRO, CELSA T. | |
| STREET ADDRESS | 2931 SR 60 E | |
| 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 | | |
| 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 | U00000834090 | |
| CITY-ST-ZIP | 02/28/08-80039-012 150.00 | |
| 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 2-19-08 (813) 689-0904
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #