

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 539248

FILED  
Feb 01, 2009  
Secretary of State

Entity Name: NATIVITY MEDICAL CENTER INC.

**Current Principal Place of Business:**

2931 SR 60 E  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

2931 SR 60 E  
VALRICO, FL 33594 US

**New Mailing Address:**

FEI Number: 59-1751386      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTRO, CELSA T.  
2931 SR 60 E  
VALRICO, FL 33594 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: D      ( ) Delete  
Name: CASTRO-BALZER, CAROLYN  
Address: 4441 KING EDWARD DR  
City-St-Zip: ORLANDO, FL 32826

Title: D      ( ) Delete  
Name: CASTRO, LUIS P  
Address: 2932 S.R. 60 E  
City-St-Zip: VALRICO, FL 33594

Title: STDP      ( ) Delete  
Name: CASTRO, CELSA T.,  
Address: 2931 SR 60 E  
City-St-Zip: VALRICO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CELSA T. CASTRO

PRES

02/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date