

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 539248

FILED  
Mar 28, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CASTRO-BALZER, CAROLYN  
Address: 4441 KING EDWARD DR  
City-St-Zip: ORLANDO, FL 32826

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

Title: STDP  
Name: CASTRO, CELSA T.  
Address: 2931 SR 60 E  
City-St-Zip: VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: CELSA T. CASTRO

STDP

03/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date