

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90101 017 \*\*\*150.00

0698622 FP

<b>DOCUMENT #</b> 539248	
<b>1. Entity Name</b> NATIVITY MEDICAL CENTER INC.	

<b>Principal Place of Business</b> 2931 SR 60 E VALRICO FL 33594 US	<b>Mailing Address</b> 2931 SR 60 E VALRICO FL 33594 US
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-1751386	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
CASTRO, CELSA T. 2931 SR 60 E VALRICO FL 33594	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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, FLORANTE F.	NAME	
STREET ADDRESS	2931 SR 60 E	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, FLORIZEL F.	NAME	
STREET ADDRESS	1450 BROOKLANE DR.	STREET ADDRESS	
CITY-ST-ZIP	KEWASKUM, WS	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, CELSA T.	NAME	
STREET ADDRESS	2931 SR 60 E	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **SIGNATURE REQUIRED** Celsa T. Castro **4-7-03 (813) 689-0904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)