

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 539248

**Entity Name:** NATIVITY MEDICAL CENTER INC.

**Current Principal Place of Business:**

2931 SR 60 E  
VALRICO, FL 33594

**Current Mailing Address:**

2931 SR 60 E  
VALRICO, FL 33594 US

**FEI Number:** 59-1751386

**Certificate of Status Desired:** No

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

CASTRO, CELSA T.  
2931 SR 60 E  
VALRICO, FL 33594 US

*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

**Officer/Director Detail :**

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

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

Title STDP  
Name CASTRO, CELSA T.  
Address 2931 SR 60 E  
City-State-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

01/21/2013

Electronic Signature of Signing Officer/Director Detail

Date