

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S69281 (1)
1. Corporation Name
INSIGNIA CARE FOR WOMEN, P.A.



Principal Place of Business 2123 W. BUFFALO TAMPA FL 33607 US	Mailing Address 13801 BRUCE B DOWNS SUITE 231 TAMPA FL 33613 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2123 W. MLK Suite, Apt. #, etc. 22 City & State 23 TAMPA FL Zip 24 33607 Country 25 US	2a. Mailing Address 26 13801 W. MLK BLVD. Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33607 Country 30 US	3. Date Incorporated or Qualified 07/29/1991 3a. Date of Last Report 05/01/1996 4. FEI Number 59-3083527 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DEAN, JEFFREY M. ESQUIRE ONE TAMPA CITY CENTER SUITE 2100 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name Charles Bergmann 82 Street Address (P.O. Box Number is Not Acceptable) One Urban Centre Suite 200 83 4830 W. Kennedy Blvd 84 City TAMPA FL 85 Zip Code 33609
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE CHARLES E. BERGMANN, Charles E. Bergmann 9-11-97
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP D NEWTON, WILLIAM A. M.D. 1919 SWANN AVENUE TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILKERSON, W. GREGORY MD 1919 SWANN AVENUE TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D VON THRON, JAMES C. M.D. 2123 WEST BUFFALO AVENUE TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GARCIA, JAY J. M.D. 2123 WEST BUFFALO AVENUE TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D 	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D 	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE 

CR2E034 (4/97)