2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90935 035 ***150.00

DOCUMENT # S69281

1. Entity Name

INSIGNIA CARE FOR WOMEN, P.A.

Principal Place of Business	Mailing Address
2123 WEST M.L.K. TAMPA FL 33607 US	2123 WEST M.L.K. TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3083527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGMANN, CHARLES ONE URBAN CENTER, SUITE 250 4830 WEST KENNEDZ BLVD. TAMPA FL 33609	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T NEWTON, WILLIAM A. M.D. ~~1919 SWANN AVENUE~~ 2123 W Buffalo Ave TAMPA FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. of Personnel Steven L. Greenberg M.D. 2123 W. Buffalo Ave. TAMPA, FL 33607 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP of MANAGED CARE WILKERSON, W. GREGORY MD ~~1919 SWANN AVENUE~~ 2123 W. Buffalo Ave TAMPA FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P VON THRON, JAMES C. M.D. 2123 WEST BUFFALO AVENUE TAMPA FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S GARCIA, JAY J. M.D. 2123 WEST BUFFALO AVENUE TAMPA FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. OF OPERATIONS R.S. ARMSTRONG M.D. 2123 W. Buffalo Avenue TAMPA, FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. of Finance GALEN JONES, M.D. 2123 W. Buffalo Ave. TAMPA, FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] GALEN JONES, MD 4/26/00 (813) 877-6609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #