

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90043 039 ***150.00

0649795 SP

DOCUMENT # **S69281**

1. Entity Name

INSIGNIA CARE FOR WOMEN, P.A.

Principal Place of Business

**2123 WEST M.L.K.
TAMPA FL 33607
US**

Mailing Address

**2123 WEST M.L.K.
TAMPA FL 33607
US**

2. Principal Place of Business

4150 N. Armenia Ave.

3. Mailing Address

4150 N. Armenia Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA



DO NOT WRITE IN THIS SPACE

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

**BERGMANN, CHARLES
ONE URBAN CENTER, SUITE 250
4830 WEST KENNEDZ BLVD.
TAMPA FL 33609**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	DT	<input type="checkbox"/> Delete
NAME	NEWTON, WILLIAM A. M.D.	
STREET ADDRESS	2123 W MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WILKERSON, W. GREGORY MD	
STREET ADDRESS	2123 W MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DP	<input type="checkbox"/> Delete
NAME	VON THRON, JAMES C. M.D.	
STREET ADDRESS	2123 W MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARCIA, JAY J. M.D.	
STREET ADDRESS	2123 W MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	ARMSTRONG, R S MD	
STREET ADDRESS	2123 W MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	JONES, GALEN B MD	
STREET ADDRESS	2123 W MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL 33607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4150 N. Armenia Ave., Ste. 200
STREET ADDRESS	Tampa, FL 33607
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4150 N. Armenia Ave., Ste. 200
STREET ADDRESS	Tampa, FL 33607
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4150 N. Armenia Ave., Ste. 200
STREET ADDRESS	Tampa, FL 33607
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4150 N. Armenia Ave., Ste. 200
STREET ADDRESS	Tampa, FL 33607
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4150 N. Armenia Ave., Ste. 200
STREET ADDRESS	Tampa, FL 33607
CITY-ST-ZIP	

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 empowerments.

SIGNATURE:

Jan C. U...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02

813 876 0514

CR2E034 (9/01)