



First Union Building, Suite 1500 100 South Ashley Drive Tampa, Florida 33602-5311

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July 11, 2002

300006416443---07/15/02--01089--004 *****35.00 *****35.00

Division of Corporations Annual Report Filings P.O. Box 6327 Tallahassee, FL 32314

Boca Raton

Jacksonville

Miami

Orlando Tallahassee

Tampa West Palm Beach

Re: Insignia Care For Women, P.A.

Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both For Corporations for the above-referenced corporation, along with a check in the amount of \$35.00 for the required fee.

Please feel free to contact my office should you need any additional information.

Sincerely,

Tina E. Dunsford

TED:jfb Enclosures

cc: Tampa Bay Women's Care

RAChange 07/22/02 DC

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida.
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation: Insignia Care For Women, P.A.
2. The mailing address of the corporation: 4150 N. Armenia Ave., Se. 200
<u>Tampa, FL 33607</u>
3. Date of incorporation/qualification: 7/29/1991 Document number: 569281
4. The name and address of the current registered agent and office:
Bergman, Charles
One Urban Center, Suite 250
4830 W. Kennedy Blvd., Tampa, FL 33609
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
Tina Dunsford
First Union Center
100 S. Ashley Dr., Ste 1500, Tampa, FL 33601 = 85
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Jan (Va < W) 6/28/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
Sames C. Von Thron, M.D. tresident (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

* * * FILING FEE: \$35.00 * * *