2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # S69281

1. Entity Name
INSIGNIA CARE FOR WOMEN, P.A.

Principal Place of Business	Mailing Address
4150 N. ARMENIA AVE SUITE 200 TAMPA, FL 33607 US	4150 N. ARMENIA AVE SUITE 200 TAMPA, FL 33607 US

01232004 Chg-P CR2E034 (10/03)

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
DUNSFORD, TINA FIRST UNION CENTER 100 S. ASHLEY DR., SUITE 1500 TAMPA, FL 33601	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1300 _____
Signature, typed or printed name of registered agent and title if officer/dir. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT NEWTON, WILLIAM A. M.D. 4150 N. ARMENIA AVE STE 200 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000041347 02/09/04-80085-025 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WILKERSON, W. GREGORY MD 4150 N. ARMENIA AVE STE 200 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VON THRON, JAMES C. M.D. 4150 N. ARMENIA AVE STE 200 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARCIA, JAY J. M.D. 4150 N. ARMENIA AVE STE 200 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO ARMSTRONG, R S MD 4150 N. ARMENIA AVE STE 200 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPF JONES, GALEN B MD 4150 N. ARMENIA AVE STE 200 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: _____ 2.3.04 (813)876-0914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #