2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# S69281

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

Current Principal Place of Business:

4150 N. ARMENIA AVE
SUITE 200
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4150 N. ARMENIA AVE
SUITE 200
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3083527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNSFORD, TINA
FIRST UNION CENTER
100 S. ASHLEY DR., SUITE 1500
TAMPA, FL 33601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	NEWTON, WILLIAM A. M, .D.	
Address:	4150 N. ARMENIA AVE STE 200	
City-St-Zip:	TAMPA, FL 33607	
Title:	DVP	( ) Delete
Name:	WILKERSON, W. GREGOR, Y MD	
Address:	4150 N. ARMENIA AVE STE 200	
City-St-Zip:	TAMPA, FL 33607	
Title:	DP	( ) Delete
Name:	VON THRON, JAMES C., M.D.	
Address:	4150 N. ARMENIA AVE STE 200	
City-St-Zip:	TAMPA, FL 33607	
Title:	DS	( ) Delete
Name:	GARCIA, JAY J. M.D.,	
Address:	4150 N. ARMENIA AVE STE 200	
City-St-Zip:	TAMPA, FL 33607	
Title:	VPO	( ) Delete
Name:	ARMSTRONG, R S MD	
Address:	4150 N. ARMENIA AVE STE 200	
City-St-Zip:	TAMPA, FL 33607	
Title:	VPF	( ) Delete
Name:	JONES, GALEN B MD	
Address:	4150 N. ARMENIA AVE STE 200	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALEN B JONES MD 04/29/2005

Electronic Signature of Signing Officer or Director — Date