2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90162 041 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	VPP Greenberg, Steven L., M.D. 4150 N. Armenia Ave., Ste. 200 Tampa, FL 33607	☐ Change ☑ Addition
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

CR2E034 (10/02)

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 empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 2/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment DOC#S69281

900274/0

R.S. Armstrong, M.D.
Jay J. Garcia, M.D.
Steve L. Greenberg, M.D.
Galen B. Jones, M.D.

INSIGNIA
CARE FOR WOMEN
Distinctive Obstetrics and Gynecologic Health Care

Tracey Schwartz Miller, M.D.
William A. Newton, M.D.
James C. Von Thron, M.D.
W. Gregory Wilkerson, M.D.

February 6, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: DOCUMENT# S69281
INSIGNIA CARE FOR WOMEN, P.A.

To Whom It May Concern:

Block 10. Please add the following officer:

Title	Vice President Personnel (VPP)
Name	Greenberg, Steven L., M.D.
Address	4150 N. Armenia Ave., Ste. 200
City-ST-ZIP	Tampa, FL 33607

Should you have any questions or concerns please contact my administrator, Linda Cornell at (813) 876-0914.

Sincerely,

James C. Von Thron, M.D.
President

Cc: Tina Dunsford, Registered Agent