

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

Mailing Address
**4150 N. ARMENIA AVE
SUITE 200
TAMPA FL 33607
US**



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

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DT** ☐ Delete
NAME **NEWTON, WILLIAM A. M.D.**
STREET ADDRESS **4150 N. ARMENIA AVE STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **DVP** ☐ Delete
NAME **WILKERSON, W. GREGORY MD**
STREET ADDRESS **4150 N. ARMENIA AVE STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **VON THRON, JAMES C. M.D.**
STREET ADDRESS **4150 N. ARMENIA AVE STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **GARCIA, JAY J. M.D.**
STREET ADDRESS **4150 N. ARMENIA AVE STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPO** ☐ Delete
NAME **ARMSTRONG, R S MD**
STREET ADDRESS **4150 N. ARMENIA AVE STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPF** ☐ Delete
NAME **JONES, GALEN B MD**
STREET ADDRESS **4150 N. ARMENIA AVE STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

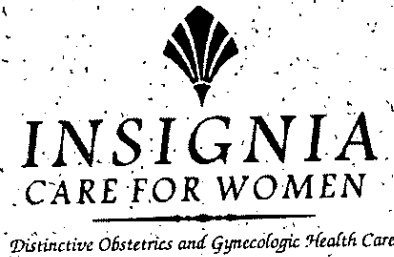
Daytime Phone #

CR2E034 (10/02)

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

DOC# S69281

90027410



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

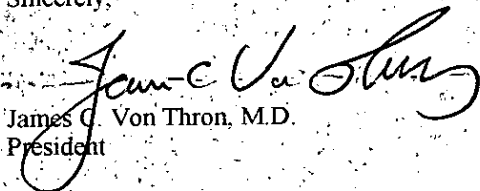
RE: DOCUMENT# S69281
INSIGNIA CARE FOR WOMEN, P.A.

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