2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2012
Secretary of State

DOCUMENT# P10000087739

Entity Name: AKINSETE, M.D., P.A.

Current Principal Place of Business:

17917 ARBOR HAVEN DRIVE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 48527
TAMPA, FL 33646 US

New Mailing Address:

FEI Number: 27-3787731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, GARY
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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

OFFICERS AND DIRECTORS:

Title: P
Name: AKINSETE, BABATUNDE M.D.
Address: 17917 ARBOR HAVEN DRIVE
City-St-Zip: TAMPA, FL 33647 US

I hereby 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 all other like empowered.

SIGNATURE: BABATUNDE AKINSETE MD 03/07/2012

Electronic Signature of Signing Officer or Director Date