

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000087739

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

**Current Principal Place of Business:**

17917 ARBOR HAVEN DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 48527  
TAMPA, FL 33646 US

**FEI Number:** 27-3787731

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

**PRESIDENT**

**02/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date