

2019 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

MD

03/31/2019

Electronic Signature of Signing Officer/Director Detail

Date