2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028127

Entity Name: OLAYINKA BANKOLE, M.D., P.A.

FILED Jun 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4204 N, MACDILL #B2 B-2 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

FEI Number: 59-3563622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BANKOLE, OLAYINKA
4204 N, MACDILL AVE #B2
TAMPA, FL 33607 US

BANKOLE, OLAYINKA
4204B N. MACDILL AVE #B2
TAMPA, FL 33607 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: 06/29/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

 Name:
 BANKOLE, OLAYINKA
 Name:
 BANKOLE, OLAYINKA

 Address:
 4204 N, MACDILL AVE #B2
 Address:
 4204B N. MACDILL AVE #B2

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: OLAYINKA BANKOLE PD 06/29/2005