2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# P99000073365

Entity Name: SANKOFA CLINIC, INC.

Current Principal Place of Business:

3700 COQUINA KEY DR
SAINT PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

3700 COQUINA KEY DRIVE
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3591745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBB, CAROL ANN
3700 COQUINA KEY DRIVE
SAINT PETERSBURG, FL 33705 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

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: D ( ) Delete
Name: COBB, CAROL ANN
Address: 3700 COQUINA KEY DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL ANN COBB, M.D. D 05/13/2008

Electronic Signature of Signing Officer or Director Date