FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:03

DOCUMENT # L38084 (4)

1. Corporation Name
WHITE WILSON MEDICAL CENTER, P.A.

Principal Place of Business
1005 MAR WALT DR
FT WALTON BEACH FL 32547-6707

Mailing Address
1005 MAR WALT DR
FT WALTON BEACH FL 32547-6707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1989
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3000333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ESTES, S. R
1005 MAR-WALT DR.
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: Roger D. Riggenbach, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1005 MarWalt Drive
83
84 City: Fort Walton Beach, FL 85 Zip Code: 32547

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Roger D. Riggenbach, M.D. 2/8/95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	Member at Large ☐ Change ☒ Addition
NAME	RIGGENBACH, ROGER D.	1 2 NAME	Levine, Joseph E.
STREET ADDRESS	81C POQUITO ROAD	1 3 STREET ADDRESS	108 Harris St.
CITY-ST-ZIP	FT WALTON BCH FL	1 4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
TITLE	T	2 1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	FRIEDMAN, NORMAN R.	2 2 NAME	Rigby, Douglas
STREET ADDRESS	807 WEEDEN ISLAND DRIVE	2 3 STREET ADDRESS	289 Briarwood
CITY-ST-ZIP	NICEVILLE FL	2 4 CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	VP	3 1 TITLE	Member at Large ☐ Change ☒ Addition
NAME	ROGERS, ROBERT L.	3 2 NAME	Ryan, Kevin
STREET ADDRESS	585 FAIRWAY COURT	3 3 STREET ADDRESS	165 Country Club Road
CITY-ST-ZIP	FT WALTON BCH FL	3 4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	S	4 1 TITLE	☐ Change ☐ Addition
NAME	HALE, LEALIS L	4 2 NAME	
STREET ADDRESS	619 CAMBRIDGE NE	4 3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	4 4 CITY-ST-ZIP	
TITLE	VP	5 1 TITLE	☐ Change ☐ Addition
NAME	NEGRON, EDDIE A	5 2 NAME	
STREET ADDRESS	65 LAKE LORRAINE	5 3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Roger D. Riggenbach M.D. (904) 863-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0380387 CP