

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 25 1997 8:00 am
Secretary of State

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**

2. Principal Place of Business

21 **Zip: 32547-6796**

Suite, Apt. #, etc.

22 City & State

23

Zip

24 **32547-6796**

Country

25

2a. Mailing Address

26 **Zip: 32547-6796**

Suite, Apt. #, etc.

27 City & State

28

Zip

29 **32547-6796**

Country

30

3. Date Incorporated or Qualified

12/22/1989

3a. Date of Last Report

02/15/1996

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

**BROOKS, JAMES H
1005 MAR-WALT DRIVE
FT WALTON BEACH FL 32547-6796**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

James H. Brooks, CHE, Administrator

2/19/97

(Signature, typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **P** ☐ DELETE
1.2 NAME **RIGGENBACH, ROGER D.**
1.3 STREET ADDRESS **81C POQUITO ROAD**
1.4 CITY-ST-ZIP **FT WALTON BCH FL**

2.1 TITLE **T** ☐ DELETE
2.2 NAME **RIGBY, DOUGLAS**
2.3 STREET ADDRESS **289 BRIARWOOD**
2.4 CITY-ST-ZIP **FT WALTON BEACH FL**

3.1 TITLE **VP** ☐ DELETE
3.2 NAME **ROGERS, ROBERT L.**
3.3 STREET ADDRESS **585 FAIRWAY COURT**
3.4 CITY-ST-ZIP **FT WALTON BCH FL**

4.1 TITLE **S** ☐ DELETE
4.2 NAME **HALE, LEALIS L**
4.3 STREET ADDRESS **619 CAMBRIDGE NE**
4.4 CITY-ST-ZIP **FT WALTON BCH FL**

5.1 TITLE **VP** ☐ DELETE
5.2 NAME **NEGRON, EDDIE A**
5.3 STREET ADDRESS **65 LAKE LORRAINE**
5.4 CITY-ST-ZIP **SHALIMAR FL**

6.1 TITLE **D** ☐ DELETE
6.2 NAME **LEVINE, JOSEPH E**
6.3 STREET ADDRESS **108 HARRIS ST**
6.4 CITY-ST-ZIP **FT WALTON BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **RYAN, KEVIN P.**
1.3 STREET ADDRESS **819 Choctaw Lane**
1.4 CITY-ST-ZIP **Shalimar, FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Roger D. Riggenbach, M.D., President, 2/19/97, 904/863-8208**

CR2E034 (9/96)