

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90005 048 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38084

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

Principal Place of Business
**1005 MAR WALT DR
FT WALTON BEACH FL 32547-6796
US**

Mailing Address
**1005 MAR WALT DR
FT WALTON BEACH FL 32547-6796
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1989

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code
32547-6796

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **VP** ☐ DELETE
NAME **RIGBY, DOUGLAS**
STREET ADDRESS **289 BRIARWOOD**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

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

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

TITLE **T** ☐ DELETE
NAME **METZ, KARL W**
STREET ADDRESS **513 POCAHONTAS DR**
CITY-ST-ZIP **FT WALTON BCH FL 32547**

TITLE **M** ☐ DELETE
NAME **HOLT, THOMAS M**
STREET ADDRESS **27 COUNTRY CLUB RD**
CITY-ST-ZIP **SHALIMAR FL 32579**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/CEO** ☒ Change ☐ Addition
1.2 NAME **Douglas W. Rigby**
1.3 STREET ADDRESS **289 Briarwood Circle**
1.4 CITY-ST-ZIP **Ft. Walton BEach, FL 32548**

2.1 TITLE **1st Vice-President** ☒ Change ☐ Addition
2.2 NAME **Robert L. Rogers**
2.3 STREET ADDRESS **700 Sailfish Drive**
2.4 CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

3.1 TITLE **2nd Vice President/Secretary** ☒ Change ☐ Addition
3.2 NAME **Lealis L. Hale**
3.3 STREET ADDRESS **619 Cambridge, NE**
3.4 CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

4.1 TITLE **Member** ☐ Change ☒ Addition
4.2 NAME **Gregory J. Piacente**
4.3 STREET ADDRESS **398 Gardner Dr, NE**
4.4 CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

5.1 TITLE **Member** ☐ Change ☒ Addition
5.2 NAME **Robert F. Shelton**
5.3 STREET ADDRESS **67 Lake Lorraine Circle**
5.4 CITY-ST-ZIP **Shalimar, FL 32579**

6.1 TITLE **Member, Ex-Officio** ☒ Change ☐ Addition
6.2 NAME **Roger D. Rigggenbach**
6.3 STREET ADDRESS **81-C Poquito Road**
6.4 CITY-ST-ZIP **Shalimar, FL 32579**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), 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, with all other like empowered.

SIGNATURE:

President/CEO

3-11-99

850. 863-8203

CR2E034 (11/98)