

L38084

Requester's Name



WHITE-WILSON
MEDICAL CENTER, P.A.

1005 MAR WALT DR., FT. WALTON BEACH, FL 32547

COR

Administration

Office Use Only

NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

300003074899--1
-12/20/99--01069--004
*****35.00 *****35.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
99 DEC 20 PM 3:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: White-Wilson Medical Center, P.A.

1b. The mailing address of the corporation is: 1005 Mar-Walt Drive, Fort Walton Beach, FL 32547-6796

1c. Date of incorporation: 12-22-89 Document number: L38084

2. The name and address of the current registered agent and office:

Mr. James H. Brooks, CHE, Administrator

White-Wilson Medical Center, P.A.
1005 Mar-Walt Drive

Fort Walton Beach, FL 32547-6796

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Douglas W. Rigby, M.D., President/CEO

White-Wilson Medical Center, P.A.
1005 Mar-Walt Drive

Fort Walton Beach, FL 32547-6796

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Leah L. Hale, M.D.

(Signature of an officer, chairman or
vice chairman of the board)

11-24-99

(Date)

Leah L. Hale, M.D., 2nd Vice President/Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Douglas W. Rigby
(Signature of Registered Agent)

11-24-99

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)