

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38084

1. Entity Name

WHITE WILSON MEDICAL CENTER, P.A.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90019 039 ***158.75

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 32547-6707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3000333**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Douglas W. Rigby, President/CEO
Street Address (P.O. Box Number is Not Acceptable)
White-Wilson Medical Center, P.A.
1005 Mar-Walt Drive
City
Ft. Walton Beach FL Zip Code
32547-6796

8. 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

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

Douglas W. Rigby, President/CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	MEO	<input checked="" type="checkbox"/> Delete
NAME	RIGGENBACH, ROGER D.	
STREET ADDRESS	81C POQUITO ROAD	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	RIGBY, DOUGLAS	
STREET ADDRESS	289 BRIARWOOD	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	VP1	<input type="checkbox"/> Delete
NAME	ROGERS, ROBERT L.	
STREET ADDRESS	585 FAIRWAY COURT	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	VP2S	<input type="checkbox"/> Delete
NAME	HALE, LEALIS L	
STREET ADDRESS	619 CAMBRIDGE NE	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	METZ, KARL W	
STREET ADDRESS	513 POCAHONTAS DR	
CITY-ST-ZIP	FT WALTON BCH FL 32547	
TITLE	M	<input type="checkbox"/> Delete
NAME	HOLT, THOMAS M	
STREET ADDRESS	27 COUNTRY CLUB RD	
CITY-ST-ZIP	SHALIMAR FL 32579	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Gregory J. Piacente	
STREET ADDRESS	398 Gardner Drive NE	
CITY-ST-ZIP	Ft. Walton Beach, FL 32548	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Rigby, President/CEO

Date

Daytime Phone #