

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90271 030 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38084

1. Entity Name

WHITE-WILSON MEDICAL CENTER, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1005 Mar-Walt Drive

Suite, Apt. #, etc.

3. Mailing Address
Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Walton Beach, FL

City & State

4. FEI Number
59-3000333

Applied For
Not Applicable

Zip
32547-6796

Country
Okaloosa

Zip

Country

5. Certificate of Status Desired **XX** \$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Douglas W. Rigby

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

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.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | PIACENTE, GREGORY J. 398 GARDNER DR. NE. FT. WALTON BEACH, FL 32547- | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO RIGBY, DOUGLAS W. 289 BRIARWOOD FT. WALTON BEACH, FL 32548 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP2S HALE, LEALIS L 619 CAMBRIDGE NE FT. WALTON BEACH, FL 32548 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T METZ, KARL W. 513 POCAHONTAS DR FT. WALTON BEACH, FL 32547 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPI ROGERS, ROBERT L. 585 FAIRWAY COURT FT. WALTON BEACH, FL 32548 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPI ROGERS, ROBERT L. 822 TARPON DR. FT. WALTON BEACH, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M HOLT, THOMAS M. 27 COUNTRY CLUB ROAD SHALIMAR, FL 32579 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE
IN THIS SPACE

X (address change)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W. Rigby Douglas W. Rigby, Pres/CEO 850-863-8203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)