

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90010 010 \*\*\*158.75

**DOCUMENT # L38084**

1. Entity 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**

**94018348**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3000333**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGBY, DOUGLAS W  
1005 MAR-WALT DRIVE  
FT WALTON BEACH, FL 32547**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M** ☐ Delete  
NAME **PIACENTE, GREGORY J**  
STREET ADDRESS **398 GARDNER DR. NE.**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **VP1** ☒ Change ☐ Addition  
NAME **Piacente, Gregory J.**  
STREET ADDRESS **398 Gardner Dr, NE**  
CITY-ST-ZIP **Pt. Walton Beach, FL 32548** ☐ Change ☐ Addition

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

TITLE **VP1** ☒ Change ☐ Addition  
NAME **Williams, Reddóch E.**  
STREET ADDRESS **251 Beachview Drive**  
CITY-ST-ZIP **Pt. Walton Beach, FL 32548** ☐ Change ☐ Addition

TITLE **VP1** ☒ Delete  
NAME **ROGERS, ROBERT L.**  
STREET ADDRESS **822 TARPON DR.**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **VP2S** ☐ 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**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dayton B. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/17/04**

Date

**850-863-8131**

Daytime Phone #