

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90015 011 ***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**

60014916



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272006 Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE M
NAME ROGERS, ROBERT L
STREET ADDRESS 822 TARPON DR
CITY-ST-ZIP FORT WALTON BEACH, FL 32548 ☐ Delete

TITLE VP2S
NAME HALE, LEALIS L
STREET ADDRESS 619 CAMBRIDGE NE
CITY-ST-ZIP FT WALTON BCH, FL ☐ Delete

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M
NAME Shelton, Robert
STREET ADDRESS 67 Lake Lorraine Circle
CITY-ST-ZIP Shalimar, FL 32579 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Douglas W Rigby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/CEO

1-30-06

(850) 863-8131

Date

Daytime Phone #