

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38084

FILED
Feb 26, 2008
Secretary of State

Entity Name: WHITE WILSON MEDICAL CENTER, P.A.

Current Principal Place of Business:

1005 MAR WALT DR
FT WALTON BEACH, FL 325476796 US

New Principal Place of Business:

Current Mailing Address:

1005 MAR WALT DR
FT WALTON BEACH, FL 325476796 US

New Mailing Address:

FEI Number: 59-3000333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: DOUGLAS RIGBY

02/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PIACENTE, GREGORY J
Address: 398 GARDNER DR. NE.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PRES () Delete
Name: RIGBY, DOUGLAS
Address: 289 BRIARWOOD
City-St-Zip: FT WALTON BEACH, FL 32548

Title: M () Delete
Name: ROGERS, ROBERT L
Address: 822 TARPON DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP2S () Delete
Name: HALE, LEALIS L,
Address: 619 CAMBRIDGE NE
City-St-Zip: FT WALTON BCH, FL

Title: T () Delete
Name: METZ, KARL W
Address: 513 POCAHONTAS DR
City-St-Zip: FT WALTON BCH, FL 32547

Title: M () Delete
Name: HOLT, THOMAS M
Address: 27 COUNTRY CLUB RD
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SHELTON, ROBERT F
Address: 67 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

Title: M (X) Change () Addition
Name: HASKIN, KENNETH B
Address: 117 BERMUDA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: HALE, LEALIS L,
Address: 619 CAMBRIDGE NE
City-St-Zip: FT WALTON BCH, FL

Title: M (X) Change () Addition
Name: METZ, KARL W
Address: 513 POCAHONTAS DR
City-St-Zip: FT WALTON BCH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS RIGBY

PRES

02/26/2008

Electronic Signature of Signing Officer or Director

Date