

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L38084

FILED
Mar 10, 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 ()****Name and Address of Current Registered Agent:**RIGBY, DOUGLAS W PRES
1005 MAR-WALT DRIVE
FT WALTON BEACH, FL 32547 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** VP () Delete
Name: SHELTON, ROBERT F
Address: 67 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579**Title:** M () Delete
Name: HASKIN, KENNETH B
Address: 117 BERMUDA WAY
City-St-Zip: NICEVILLE, FL 32578**Title:** M () Delete
Name: ROGERS, ROBERT L
Address: 822 TARPON DR
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** SEC () Delete
Name: HALE, LEALIS L
Address: 619 CAMBRIDGE NE
City-St-Zip: FT WALTON BCH, FL**Title:** M () 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: ROGERS, ROBERT L
Address: 822 TARPON DRIVE
City-St-Zip: FORT WALTON, FL 32548**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** M (X) Change () Addition
Name: SHELTON, ROBERT F
Address: 67 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579**Title:** () Change () Addition
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City-St-Zip: () Change () Addition

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 W. RIGBY

PRES

03/10/2008

Electronic Signature of Signing Officer or Director_____
Date