

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38084

FILED  
Mar 30, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1005 MAR WALT DR  
FT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

1005 MAR WALT DR  
FT WALTON BEACH, FL 32547 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:** PRES  
**Name:** RIGBY, DOUGLAS W  
**Address:** 289 BRIARWOOD CIRCLE  
**City-St-Zip:** FORT WALTON, FL 32548

**Title:** VP  
**Name:** ROGERS, ROBERT L  
**Address:** 822 TARPON DRIVE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**Title:** SEC  
**Name:** HALE, LEALIS L  
**Address:** 619 CAMBRIDGE NE  
**City-St-Zip:** FT. WALTON BEACH, FL 32547

**Title:** MGR  
**Name:** SHELTON, ROBERT F  
**Address:** 67 LAKE LORRAINE CIRCLE  
**City-St-Zip:** SHALIMAR, FL 32579

**Title:** MGR  
**Name:** METZ, KARL W  
**Address:** 513 POCAHONTAS DRIVE  
**City-St-Zip:** FT. WALTON BEACH, FL 32547

**Title:** MGR  
**Name:** HOLT, THOMAS M  
**Address:** 27 COUNTRY CLUB RD  
**City-St-Zip:** SHALIMAR, FL 32579

I hereby 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 all other like empowered.

**SIGNATURE:** DOUGLAS RIGBY

PRES

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date