

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38084

FILED
Apr 26, 2012
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: MGR
Name: HASKIN, KENNETH B
Address: 117 BERMUDA WAY
City-St-Zip: NICEVILLE, FL 32578

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

Title: SEC
Name: METZ, KARL W
Address: 124 MIRACLE STRIP PKWY, SW-UNIT 1100
City-St-Zip: FT. WALTON BEACH, FL 32548

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

04/26/2012

Electronic Signature of Signing Officer or Director

Date