2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056377

Entity Name: WHITE-WILSON ASSOCIATION, P.A.

FILED Jul 14, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

1005 MAR-WALT DRIVE 1005 MAR-WALT DRIVE

FORT WALTON BEACH, FL 325476706 FORT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

1005 MAR-WALT DRIVE 1005 MAR-WALT DRIVE

FORT WALTON BEACH, FL 325476706 FORT WALTON BEACH, FL 32547

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLESEMAN, ALAN L GLESEMAN, ALAN L 1005 MAR-WALT DRIVE 1005 MAR-WALT DRIVE

FORT WALTON BEACH, FL 325476706 US FORT 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: 07/14/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

1005 MAR-WALT DRIVE

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

1005 MAR-WALT DRIVE

Title: () Delete PRFS (X) Change () Addition RIGBY, DOUGLAS W M.D. Name: Name: RIGBY, DOUGLAS W M.D. 1005 MAR-WALT DRIVE 1005 MAR-WALT DRIVE Address: Address:

City-St-Zip: FORT WALTON BEACH, FL 325476706 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: (X) Change () Addition Title: () Delete METZ, KARL W M.D. Name: Name: METZ, KARL W M.D.

1005 MAR-WALT DRIVE 1005 MAR-WALT DRIVE Address: Address: FORT WALTON BEACH, FL 325476706 FORT WALTON BEACH, FL 32547 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: PLACENTE, GREGORY J M.D. PLACENTE, GREGORY J M.D. Name: Name:

1005 MAR-WALT DRIVE 1005 MAR-WALT DRIVE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 325476706 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Delete Title: SEC (X) Change () Addition HALE, LEALIS L M.D. HALE, LEALIS L M.D. Name: Name:

City-St-Zip: City-St-Zip: FORT WALTON BEACH, FL 325476706 FORT WALTON BEACH, FL 325476706

Title: Title: () Delete (X) Change () Addition ROGERS, ROBERT L M.D. Name: ROGERS, ROBERT L M.D. Name:

1005 MAR-WALT DRIVE Address: 1005 MAR-WALT DRIVE Address:

FORT WALTON BEACH, FL 325476706 City-St-Zip: City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Delete Title: (X) Change () Addition

HOLT, THOMAS M M.D. Name: Name: HOLT, THOMAS M M.D. 1005 MAR-WALT DRIVE 1005 MAR-WALT DRIVE Address: Address:

City-St-Zip: FORT WALTON BEACH, FL 325476706 City-St-Zip: FORT WALTON BEACH, FL 32547

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.

Address:

SIGNATURE: ALAN GIESEMAN CEO 07/14/2008