

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L38084

**Entity Name:** WHITE WILSON MEDICAL CENTER, P.A.**Current Principal Place of Business:**1005 MAR WALT DR  
FT WALTON BEACH, FL 32547**Current Mailing Address:**1005 MAR WALT DR  
FT WALTON BEACH, FL 32547 US**FEI Number:** 59-3000333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIESEMAN, ALAN L  
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:** ALAN L. GIESEMAN

04/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SHELTON, ROBERT FRANKLIN  
Address 67 LAKE LORRAINE CIRCLE  
City-State-Zip: SHALIMAR FL 32579

Title VP  
Name HANSEN, CHRISTOPHER MICHAEL  
Address 273 SWEETWATER RUN  
City-State-Zip: NICEVILLE FL 32578

Title PRESIDENT  
Name DALI, JOHN CHRISTOFER MD  
Address 1 BAY DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title SECRETARY  
Name BROWN, VERGIL KENNETH III  
Address 122 TROY CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR  
Name AUBERT, FRED E MD  
Address 308 ARBOR GLEN  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name CHANEY, JOHN MD  
Address 4458 HUNTINGTON CIR  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name GROSS, WILLIAM E MD  
Address 7 SOUTHMINISTER CT  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name VAN, CHINH V MD  
Address 712 MARS ST  
City-State-Zip: DESTIN FL 32541

*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:** JOHN DALI**PRESIDENT**

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date