

2024 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: Yes****Name and Address of Current Registered Agent:**PERSAUD, KENNETH MD
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: KENNETH PERSAUD****04/30/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DALI, JOHN C MD
Address 1005 MAR WALT DR
City-State-Zip: FT WALTON BEACH FL 32547

Title VP
Name HANSEN, CHRISTOPHER MD
Address 1005 MAR WALT DR
City-State-Zip: FT WALTON BEACH FL 32547

Title CHAIRMAN
Name NAGDA, KRISHAN MD
Address 1005 MAR WALT DR
City-State-Zip: FT WALTON BEACH FL 32547

Title TREASURER
Name HENRY, AARON
Address 1005 MAR WALT DR
City-State-Zip: FT WALTON BEACH FL 32547

Title SECRETARY
Name BROWN, VERGIL MD
Address 1005 MAR WALT DR
City-State-Zip: FT WALTON BEACH FL 32547

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: AARON HENRY**TREASURER****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date