

2018 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

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RIGBY, DOUGLAS W
Address 289 BRIARWOOD CIRCLE
City-State-Zip: FORT WALTON FL 32548

Title VPD
Name ROGERS, ROBERT L
Address 822 TARPON DRIVE
City-State-Zip: FORT WALTON BEACH FL 32548

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

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

Title SD
Name KRIST, KEITH M MD
Address 5 DERBY DOWNS CIRCLE
City-State-Zip: NICEVILLE FL 32578

Title MGRD
Name CHANEY, JOHN C
Address 4458 HUNTINGTON CIRCLE
City-State-Zip: NICEVILLE FL 32578

Title MANAGER
Name VAN, CHINH VIEN DR.
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: DOUGLAS RIGBY

PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date