

2018 FLORIDA PROFIT CORPORATION AMENDED 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****06/12/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RIGBY, DOUGLAS WINSTON
Address	289 BRIARWOOD CIRCLE
City-State-Zip:	FORT WALTON FL 32547
Title	MEMBER AT LARGE
Name	SHELTON, ROBERT FRANKLIN
Address	67 LAKE LORRAINE CIRCLE
City-State-Zip:	SHALIMAR FL 32579
Title	SECRETARY
Name	DALI, JOHN CHRISTOFER MD
Address	1 BAY DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32548
Title	MEMBER AT LARGE
Name	BROWN, VERGIL KENNETH III
Address	122 TROY CIRCLE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	VICE PRESIDENT
Name	KRIST, KEITH MICHAEL
Address	5 DERBY DOWNS CIRCLE
City-State-Zip:	NICEVILLE FL 32578
Title	MEMBER AT LARGE
Name	HANSEN, CHRISTOPHER MICHAEL
Address	273 SWEETWATER RUN
City-State-Zip:	NICEVILLE FL 32578
Title	MEMBER AT LARGE
Name	ROGERS, ROBERT LANE
Address	822 TARPON DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32548

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 WINSTON RIGBY**PRESIDENT****06/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date