

2013 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:**RIGBY, DOUGLAS WPRES
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

Title	SEC
Name	METZ, KARL W
Address	124 MIRACLE STRIP PKWY, SW-UNIT 1100
City-State-Zip:	FT. WALTON BEACH FL 32548

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

Title	MGR
Name	KRIST, KEITH M
Address	21 KRISTEN CIRCLE
City-State-Zip:	NICEVILLE FL 32578

Title	MGR
Name	PIACENTE, GREGORY J
Address	398 GARDNER DRIVE NE
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 RIGBY**PRESIDENT****10/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date