

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089041

FILED
Apr 29, 2008
Secretary of State

Entity Name: GREER HEALTHCARE & ASSOCIATES, LLC

Current Principal Place of Business:

9671 GLADIOLUS DRIVE #109
FT. MYERS, FL 33908

New Principal Place of Business:

9671 GLADIOLUS DRIVE
SUITE 109
FT. MYERS, FL 33908

Current Mailing Address:

9671 GLADIOLUS DRIVE #109
FT. MYERS, FL 33908

New Mailing Address:

9671 GLADIOLUS DRIVE
SUITE 109
FT. MYERS, FL 33908

FEI Number: 26-0811419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD.
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREER, SHANNON S
Address: 9671 GLADIOLUS DRIVE #109
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREER, SHANNON S D.O.
Address: 9671 GLADIOLUS DRIVE #109
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHANNON S. GREER, D.O.

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date