

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089041

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** GREER HEALTHCARE & ASSOCIATES, LLC

**Current Principal Place of Business:**

8140 COLLEGE PARKWAY  
SUITE 101  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

13300-56 S. CLEVELAND AVENUE  
#629  
FT. MYERS, FL 33907

**New Mailing Address:**

**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  
**Name:** GREER, SHANNON S D.O.  
**Address:** 13300-56 S. CLEVELAND AVENUE #629  
**City-St-Zip:** FT. MYERS, FL 33907

I hereby 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      01/04/2011

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