2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90097 044 ***150.00

DOCUMENT # P06000084042

1. Entity Name
GREER HEALTH SYSTEMS, INC.

Principal Place of Business
41 PGA TOUR BLVD.
PONTE VEDRA BEACH FL 32082

Mailing Address
41 PGA TOUR BLVD.
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business - No P.O. Box # 41 PGA TOUR Blvd
Suite, Apt. #, etc. PONTE VEDRA FL
City & State 32082
Zip
Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

1st MOORE CR2E034 (10/07)

4. FEI Number 20-5094662 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUNN, JR, MARSHALL D
4887 BELFORT ROAD SUITE 201
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the title if applicable. (NOTE: Registered Agent's signature required when corrective or

FILE NOW!!! - FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GREER, WESLEY 41 PGA TOUR BLVD. PONTE VEDRA BEACH FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ WESLEY M GREER 3/12/08 904 416 5280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #