

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084042

FILED
Jan 21, 2009
Secretary of State

Entity Name: GREER HEALTH SYSTEMS, INC.

Current Principal Place of Business:

41 PGA TRUE BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

41 PGA TOUR BLVD.
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

41 PGA TOUR BLVD.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-5094662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUNN, JR, MARSHALL D
4887 BELFORT ROAD SUITE 201
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: GREER, WESLEY
Address: 41 PGA TOUR BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 an address, with all other like empowered.

SIGNATURE: WESLEY M. GREER

MMGR

01/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date