

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084042

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** GREER HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

41 PGA TOUR BLVD.  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

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: WESLEY M GREER

OWN

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date