

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90101 014 \*\*\*150.00

DOCUMENT # S64781

1. Corporation Name

BRIAN F. GREER, M.D., P.A.

Principal Place of Business

7100 W. CAMINO REAL  
SUITE 214  
BOCA RATON FL 33433

Mailing Address

7100 W. CAMINO REAL  
SUITE 214  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1991

4. FEI Number

59-3072766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7200 W Camino Real  
Suite, Apt. #, etc.  
314

2a. Mailing Address

26 7200 W Camino Real  
Suite, Apt. #, etc.  
314

23 Boca Raton FL  
City & State  
Zip Country

28 Boca Raton FL  
City & State  
Zip Country

24 33433

25

29 33433

30

9. Name and Address of Current Registered Agent

GREER, CARLA  
7100 W. CAMINO REAL  
SUITE 214  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name Carla Greer  
82 Street Address (P.O. Box Number is Not Acceptable)  
7200 W. Camino Real  
83 Ste 314  
84 City Boca Raton FL 85 Zip Code 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carla Greer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GREER, BRIAN F. M.D.  
STREET ADDRESS 7410 ANDORRA PL  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Greer, Brian F. M.D. X Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7880 Cummings Lane  
1.4 CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian F. Greer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 564477501

Date Daytime Phone #

CR2E034 (11/98)