

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000084042

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

**Current Principal Place of Business:**

229 OCEANFOREST DRIVE NORTH  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

229 OCEANFOREST DRIVE NORTH  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 20-5094662

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREER, WESLEY M  
229 OCEANFOREST DRIVE NORTH  
ATLANTIC BEACH, FL 32233 US

*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

**Officer/Director Detail :**

Title PS  
Name GREER, WESLEY  
Address 229 OCEANFOREST DRIVE NORTH  
City-State-Zip: ATLANTIC BEACH FL 32233

*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

PS

01/10/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date