

2016 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

OWNER

01/14/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date