

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089041

Entity Name: GREER HEALTHCARE & ASSOCIATES, LLC

Current Principal Place of Business:

8140 COLLEGE PARKWAY
SUITE 101
FT. MYERS, FL 33919

Current Mailing Address:

13300-56 S. CLEVELAND AVENUE
#629
FT. MYERS, FL 33907

FEI Number: 26-0811419

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD.
FT. MYERS, FL 33919 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

Authorized Person(s) Detail :

Title MGR
Name GREER, SHANNON SD.O.
Address 13300-56 S. CLEVELAND AVENUE
#629
City-State-Zip: FT. MYERS FL 33907

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON S. GREER, D.O. _____

MANAGER/OWNER

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date