

**2021 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:**

8140 COLLEGE PARKWAY  
SUITE 101  
FT. MYERS, FL 33919 US

**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 8140 COLLEGE PARKWAY  
SUITE 101  
City-State-Zip: FT. MYERS FL 33919

*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: GREER, SHANNON SD.O.**

**PHYSICIAN/OWNER**

**01/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date