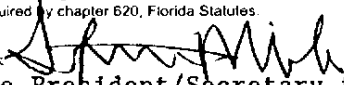


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 20 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership MARINER HEALTH PROPERTIES IV, LTD.		1a. DOCUMENT # A32574			
Mailing Address 125 EUGENE O'NEIL DR NEW LONDON CT 06320		Principal Office Address 125 EUGENE O'NEILL DR. NEW LONDON CT 06320		3. Date Formed or Registered 02/14/1992 3a. Date of Last Report 12/30/1997 4. State or Country of Formation FL 6. FEI Number 59-3112307 7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address One Ravinia Drive Suite, Apt. #, etc. Suite 1500 City & State Atlanta, GA Zip 30346 Country USA		2a. Principal Office Address NA Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$990.00 5b. Amount of Capital Contributions in FLORIDA to date:	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment)				DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) MARINER HEALTH OF FLORIDA, I		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 125 EUGENE O'NEILL DR		11b. City, State & Zip Code NEW LONDON CT 06320	
11c. Registration/Document Number F98000001108		FILED 99 MAY 20 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE  Vice President/Secretary for Mariner Health of Florida, Inc. Typed or Printed Name of General Partner Signing Form Stefano M. Miele		DATE 4/1/99 Daytime Telephone Number 678.443.7000			

CP2E003 (12/98)