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

1a. DOCUMENT # A32574

MARINER HEALTH PROPERTIES IV, LTD.

Mailing Address	Principal Office Address
125 EUGENE O'NEIL DR NEW LONDON CT 06320	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
5a. Capital Contributions as Shown on record: $990.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
One Ravinia Drive	NA
Suite, Apt. #, etc.: Suite 1500	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State
Zip: 30346 Country: USA	Zip Country

6. FEI Number: 59-3112307 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City: FL 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MARINER HEALTH OF FLORIDA, I	125 EUGENE O'NEILL DR	NEW LONDON CT 06320	F98000001108

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. DATE 4/1/99

Typed or Printed Name of General Partner Signing Form: Stefano M. Miele Daytime Telephone Number: 678.443.7000

CR2E003 (12/98)