
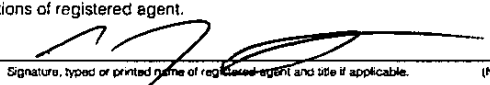


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
05 MAR -2 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Th

DOCUMENT # F04000003001					
1. Entity Name LYRIC HEALTH CARE HOLDINGS IV, INC.					
Principal Place of Business 7125 THOMAS EDISON DR SUITE 225 COLUMBIA, MD 21046			Mailing Address 7125 THOMAS EDISON DR SUITE 225 COLUMBIA, MD 21046		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-3702449	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	02252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		 Michael J. Mitchell Assistant Secretary		DATE 3/1/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTICE: This block requires a signature required when translating.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLSON, TIMOTHY F		NAME	See Attached List	
STREET ADDRESS	11350 MCCORMICK ROAD, SUITE LL-4		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY, MD 21031		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, JOHN B		NAME	See Attached List	
STREET ADDRESS	11350 MCCORMICK ROAD, SUITE LL-4		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY, MD 21031		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUMAN, MATTHEW F		NAME	See Attached List	
STREET ADDRESS	11350 MCCORMICK ROAD, SUITE LL-4		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY, MD 21031		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRYBUS, TIMOTHY J		NAME	See Attached List	
STREET ADDRESS	11350 MCCORMICK ROAD, SUITE LL-4		STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY, MD 21031		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALLON, JOHN R JR.		NAME	See Attached List	
STREET ADDRESS	125 WEST 55TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	900047933383	
STREET ADDRESS			STREET ADDRESS	03/05/05--01029--024 **150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet, with my address, with all other like empowered.					
SIGNATURE:		John R. Fallon, Jr.		2/25/05 212-424-8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FD 272

LYRIC HEALTH CARE HOLDINGS IV, INC.
CORPORATE OFFICERS AND DIRECTOR

EIN: 38-3702449

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Timothy F. Nicholson	President, Sole Director	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
John B. Poole	Executive Vice President	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
Matthew F. Auman	Senior Vice President	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
Timothy J. Trybus	Senior Vice President	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
John R. Fallon, Jr.	Secretary	125 West 55th Street, New York, New York 10019