


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JAN 31 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F04000003001</b> 1. Entity Name LYRIC HEALTH CARE HOLDINGS IV, INC.	
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Principal Place of Business 7125 THOMAS EDISON DR SUITE 225 COLUMBIA, MD 21046	Mailing Address 7125 THOMAS EDISON DR SUITE 225 COLUMBIA, MD 21046
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2. Principal Place of Business - No P.O. Box # <i>7150 Columbia Gateway Drive</i>	3. Mailing Address <i>7150 Columbia Gateway Drive</i>
Suite, Apt. #, etc. <i>Suite J</i>	Suite, Apt. #, etc. <i>Suite J</i>
City & State <i>Columbia, MD</i>	City & State <i>Columbia, MD</i>
Zip <i>21046</i>	Zip <i>21046</i>

01162007	Chg-P	CR2E034 (12/06)
4. FEI Number 38-3702449	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees 800087709528 02/08/07--01005--008 **1150.00
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	<input type="checkbox"/> Delete
PD	NICHOLSON, TIMOTHY F	<input type="checkbox"/>
STREET ADDRESS: 7125 THOMAS EDISON DR STE 225		
CITY-ST-ZIP: COLUMBIA, MD 21046		
EVP	POOLE, JOHN B	<input type="checkbox"/>
STREET ADDRESS: 7125 THOMAS EDISON DR STE 225		
CITY-ST-ZIP: COLUMBIA, MD 21046		
SVP	AUMAN, MATTHEW F	<input type="checkbox"/>
STREET ADDRESS: 7125 THOMAS EDISON DR STE 225		
CITY-ST-ZIP: COLUMBIA, MD 21046		
SVP	TRYBUS, TIMOTHY J	<input type="checkbox"/>
STREET ADDRESS: 7125 THOMAS EDISON DR STE 225		
CITY-ST-ZIP: COLUMBIA, MD 21046		
S	FALLON, JOHN R JR.	<input type="checkbox"/>
STREET ADDRESS: 125 WEST 55TH STREET		
CITY-ST-ZIP: NEW YORK, NY 10019		
		<input type="checkbox"/>
		<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>7150 Columbia Gateway Dr. Ste J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Columbia, MD 21046</i>		
	<i>7150 Columbia Gateway Dr. Ste J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Columbia, MD 21046</i>		
	<i>7150 Columbia Gateway Dr. Ste J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Columbia, MD 21046</i>		
	<i>7150 Columbia Gateway Dr. Ste J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Columbia, MD 21046</i>		
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **TIM TRYBUS** 1/17/07 443-539-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #