

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003001

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: LYRIC HEALTH CARE HOLDINGS IV, INC.

## Current Principal Place of Business:

7150 COLUMBIA GATEWAY DRIVE  
SUITE J  
COLUMBIA, MD 21046

## New Principal Place of Business:

7150 COLUMBIA GATEWAY DRIVE  
SUITE J  
COLUMBIA, MD 21046 US

## Current Mailing Address:

7150 COLUMBIA GATEWAY DRIVE  
SUITE J  
COLUMBIA, MD 21046

## New Mailing Address:

7150 COLUMBIA GATEWAY DRIVE  
SUITE J  
COLUMBIA, MD 21046 US

FEI Number: 38-3702499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P  
Name: NICHOLSON, TIMOTHY  
Address: 7150 COLUMBIA GATEWAY DRIVE  
City-St-Zip: COLUMBIA, MD 21046 US

Title: D  
Name: POOLE, JOHN  
Address: 7150 COLUMBIA GATEWAY DRIVE  
City-St-Zip: COLUMBIA, MD 21046 US

Title: D  
Name: AUMAN, MATTHEW  
Address: 7150 COLUMBIA GATEWAY DRIVE  
City-St-Zip: COLUMBIA, MD 21046 US

Title: T  
Name: TRYBUS, TIMOTHY  
Address: 7150 COLUMBIA GATEWAY DRIVE  
City-St-Zip: COLUMBIA, MD 21046 US

Title: S  
Name: FALLON, JOHN  
Address: 7150 COLUMBIA GATEWAY DRIVE  
City-St-Zip: COLUMBIA, MD 21046 US

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY TRYBUS

T

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date