
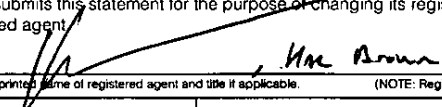
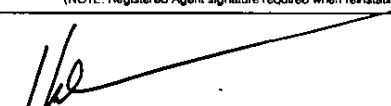



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90007 015 ****50.00

DOCUMENT # L04000026554 1. Entity Name P.C.T.C. IV, LLC					
Principal Place of Business 1265 36TH STREET VERO BEACH, FL 32961-5409			Mailing Address 1265 36TH STREET VERO BEACH, FL 32961-5409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 03222005 Chg-LLC CR2E083 (10/03)				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				57-1203379	
6. Name and Address of Current Registered Agent BROWN, HAL W 1265 36TH STREET VERO BEACH, FL 32961-5409			7. Name and Address of New Registered Agent Name FREDERICK W. BAKER, M.D. Street Address (P.O. Box Number is Not Acceptable) 1265 36TH STREET City VERO BEACH FL Zip Code 32961		
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		 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE March 22, 2005	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREDERICK W. BAKER, M.D.		NAME		
STREET ADDRESS	1265 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAL W. BROWN, M.D.		NAME		
STREET ADDRESS	1265 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNIS F. SAVER, M.D.		NAME		
STREET ADDRESS	1265 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARTHUR SPLENDORIA, M.D.		NAME		
STREET ADDRESS	1265 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUY R. ULRICH, M.D.		NAME		
STREET ADDRESS	1265 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSHUA B. SHIPLEY		NAME		
STREET ADDRESS	1265 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32961		CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 3/29/05		Daytime Phone #: 772-587-6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					