

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

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



03162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1203379

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

BAKER, FREDERICK W MD  
1265 36TH STREET  
VERO BEACH, FL 32961

**DO NOT WRITE  
IN THIS SPACE**

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)

3/15/06

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME BAKER, FREDERICK W M.D.  
STREET ADDRESS 1265 36TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32961

TITLE MGRM  
NAME BROWN, HAL W M.D.  
STREET ADDRESS 1265 36TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32961

TITLE MGRM  
NAME SAVER, DENNIS F M.D.  
STREET ADDRESS 1265 36TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32961

TITLE MGRM  
NAME SPLENDRIA, ARTHUR M.D.  
STREET ADDRESS 1265 36TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32961

TITLE MGRM  
NAME ULRICH, GUY R  
STREET ADDRESS 1265 36TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32961

TITLE MGRM  
NAME SHIPLEY, JOSHUA B  
STREET ADDRESS 1265 36TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32961

U00000490442  
04/18/06-80056-008 50.00

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IN THIS SPACE**

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/06

Date

(772) 567-6340

Daytime Phone #