2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000026554

1. Entity Name
P.C.T.C. IV, LLC

Principal Place of Business	Mailing Address
1265 36TH STREET VERO BEACH, FL 32961-5409	1265 36TH STREET VERO BEACH, FL 32961-5409

03262008No Chg-LLC CR2E083 (12/07)

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 _____ 4/08/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000897120
04/25/08-80025-019 138.75

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	SPLENDDRIA, 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

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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: _____ Frederick W BAKER MD 4/08/08 772-567-6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #