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
1265 36TH STREET
VERO BEACH, FL 32961-5409

Mailing Address
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

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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
04/25/08-00025-019 138.75

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 #