# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 24, 2009**
**Secretary of State**

DOCUMENT# L04000026554

**Entity Name:** P.C.T.C. IV, LLC

**Current Principal Place of Business:**

1265 36TH STREET
VERO BEACH, FL 329615409

**New Principal Place of Business:**

**Current Mailing Address:**

1265 36TH STREET
VERO BEACH, FL 329615409

**New Mailing Address:**

**FEI Number: 57-1203379** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | BAKER, FREDERICK W M.D. | |
| Address: | 1265 36TH STREET | |
| City-St-Zip: | VERO BEACH, FL 32961 | |
| Title: | MGRM | ( ) Delete |
| Name: | BROWN, HAL W M.D. | |
| Address: | 1265 36TH STREET | |
| City-St-Zip: | VERO BEACH, FL 32961 | |
| Title: | MGRM | ( ) Delete |
| Name: | SAVER, DENNIS F M.D. | |
| Address: | 1265 36TH STREET | |
| City-St-Zip: | VERO BEACH, FL 32961 | |
| Title: | MGRM | ( ) Delete |
| Name: | SPLENDDRIA, ARTHUR M.D. | |
| Address: | 1265 36TH STREET | |
| City-St-Zip: | VERO BEACH, FL 32961 | |
| Title: | MGRM | ( ) Delete |
| Name: | ULRICH, GUY R | |
| Address: | 1265 36TH STREET | |
| City-St-Zip: | VERO BEACH, FL 32961 | |
| Title: | MGRM | ( ) Delete |
| Name: | SHIPLEY, JOSHUA B | |
| Address: | 1265 36TH STREET | |
| City-St-Zip: | VERO BEACH, FL 32961 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR 02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date