


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90112 011 \*\*\*\*50.00

<b>DOCUMENT # L04000050148</b>	
1. Entity Name <b>TAMPA MEDICAL PROPERTIES IV, LLC</b>	

Principal Place of Business <b>4703 NORTH ARMENIA AVE TAMPA, FL 33603</b>	Mailing Address <b>4703 NORTH ARMENIA AVE TAMPA, FL 33603</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2727576</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC 401 E JACKSON ST SUITE 1700 TAMPA, FL 33602		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 Joe Rugg DATE 4/17/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODOLFO, GARI MD 4726 N HABANA AVE., STE 204 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5501 W. Gray St. Tampa FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LOWE, SCOTT 4726 N HARBARA AVE., SUITE 204 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5501 W. Gray St Tampa FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOYLE, MIKE 4726 N HARBARA AVE., SUITE 204 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO 5501 W. Gray St Tampa FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: Scott Lowe DATE 4/17/07 DAYTIME PHONE # 813569-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE