


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 017 ***138.75

DOCUMENT # L04000050148					
1. Entity Name TAMPA MEDICAL PROPERTIES IV, LLC					
Principal Place of Business 4703 NORTH ARMENIA AVE TAMPA, FL 33603			Mailing Address 4703 NORTH ARMENIA AVE TAMPA, FL 33603		
2. Principal Place of Business - No P.O. Box # 5501 W Gray St		3. Mailing Address 5501 W Gray St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-2727576	
Zip 33609		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODOLFO, GARI MD 5501 W GRAY ST TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO LOWE, SCOTT 5501 W GRAY ST TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DOYLE, MIKE 5501 W GRAY ST TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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
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: <u>Mike Doyle</u> <u>4/23/08</u> <u>8135696500</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					