2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

DOCUMENT# M08000000743

Entity Name: SCSF HEALTHPLAN IV, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE
SUITE 600
BOCA RATON, FL 33486

New Principal Place of Business:

5200 TOWN CENTER CIR, STE 600
BOCA RATON, FL 33486

Current Mailing Address:

5200 TOWN CENTER CIRCLE
SUITE 600
BOCA RATON, FL 33486

New Mailing Address:

5200 TOWN CENTER CIR, STE 600
BOCA RATON, FL 33486

FEI Number: 26-1910489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VPAS
Name: MCCONVERY, MICHAEL
Address: 5200 TOWN CENTER CIR, STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS
Name: HAJDUCH, MARK
Address: 5200 TOWN CENTER CIR, STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: SRVP
Name: KLAFTER, MELISSA
Address: 5200 TOWN CENTER CIR, STE 600
City-St-Zip: BOCA RATON, FL 33486

I hereby 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 Statues.

SIGNATURE: LAURA LOUIS POA 04/21/2010

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